



3<sup>rd</sup> Edition

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Division, May 2016

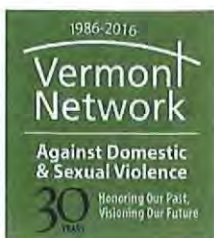
2<sup>nd</sup> Edition

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April 1, 2016

On behalf of the Vermont Network Against Domestic and Sexual Violence and the Vermont Department for Children and Families, we are pleased to release the *Vermont Teacher's Guide: Responding to Domestic and Sexual Violence* to the Vermont Education community.

In the United States, 15.5 million children live in families in which domestic violence occurs. Nearly 30% of female high school students and 13.4% of male high school students report being physically or sexually abused by a dating partner. In 2015 in Vermont, 289 children and teens were housed with their parent in an emergency shelter and 128 stayed in transitional housing programs because of domestic or sexual violence.

The *Vermont Teacher's Guide* offers teachers and school personnel helpful information and best practice strategies to create meaningful responses for students and families who attend their schools. The guide includes information on the impact of domestic and sexual violence on children and teens, definitions, and scenarios. Also included are strategies for responding to students, parents and families who are dealing with domestic and sexual violence including those who reside in emergency shelters. The guide also includes current information on reporting child abuse, safety planning and state and local resources.

*Vermont Teacher's Guide* was collaboratively created by Domestic and Sexual Violence Advocates from Vermont Network Programs and the Department for Children and Families through our Rural Project. Since its beginning in 1996, the Rural Project has had as one of its goals to build relationships between systems and create bridges of understanding and collaboration. This resource embodies the spirit of this collaboration and hopes to create avenues of further partnership between Domestic and Sexual Violence Advocates and the Vermont Education community.

Please consider reaching out to your local domestic and sexual violence program with questions or to request further training on the issues addressed in this guide. A list of Network Programs and the contact information for the Domestic Violence Unit of the Department for Children and Families can be found in the Appendixes of this guide.

Sincerely,

Karen Tronsgard-Scott, Executive Director  
Vermont Network Against Domestic  
and Sexual Violence

Cindy Walcott, Deputy Commissioner  
Vermont Department for Children  
and Families, Family Services Division

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Dear Reader,

We know that users of this guide may have been victims/survivors or child witnesses to violence. Some of this information can be difficult to read. Before you get started we would like to encourage you to please take care of yourself. We suggest that you take some time to process the information, take frequent breaks from the reading, talk with a trusted person, or you can always contact your local domestic and sexual violence advocacy program for support. Contact information for [individual programs](#) can be found in the [appendixes](#) of this manual.

Remember to breathe.

PLEASE NOTE: We understand that as school personnel you want to do everything you can to support a child/youth who discloses any type of violence that they have experienced. However, it is not your responsibility or the responsibility of the school to conduct any investigation or to make a determination about the safety of a child/youth. By taking on the role of investigator, you could be compromising any criminal or Department for Children & Families investigation.

## Introduction

*Each year in the United States millions of children and adolescents are exposed to violence in their homes, schools, communities and through the media. Even in Vermont, youth are exposed to violence such as intimate partner domestic violence and child sexual abuse. The young people that face violence often experience short and long term impacts that may affect their adjustment at school.*

- Children and adolescents living with domestic violence are at risk for an increase in emotional and behavioral problems and experiencing emotional and physical abuse. These difficulties may compromise their availability for learning and their capacity to get along with others at school.
- Early identification of difficulties can lead to earlier and more effective support and intervention for young people and their families. Teachers are in an ideal position to identify when a student is having difficulty.
- Child sexual abuse happens to children of all ages. It happens more often than people think and it is most often committed by someone the child knows and trusts.
- Statistics show that one in four girls and one in six boys will be sexually abused by their eighteenth birthday.<sup>1</sup>
- It is very important to teach children about personal safety, including appropriate names for body parts and boundaries. It is important to remember that they cannot be responsible for protecting themselves.

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<sup>1</sup> [http://www.nsvrc.org/sites/default/files/NSVRC\\_Publications\\_TalkingPoints\\_Understanding-Child-Sexual-Abuse-definitions-rates.pdf](http://www.nsvrc.org/sites/default/files/NSVRC_Publications_TalkingPoints_Understanding-Child-Sexual-Abuse-definitions-rates.pdf)



- School-based interventions and prevention initiatives can reduce risk and increase protective factors for students. Teachers may be the caring adults who make a difference in the lives of students experiencing difficulties at home.
- The safety of children not only lies in their parents' hands but also in our community as a whole. We all need to step up to protect and keep our children safe.

#### How this book may help

- You will learn about domestic violence and child sexual abuse and its impact on children and adolescents
- You will be able to recognize potential indicators that students may display when they are having difficulties
- You will learn how to recognize perpetrators and their grooming process
- You will learn if specific behavior is or is not healthy development
- You will learn ways to support students and deal with challenging behaviors in school
- You will know how to offer support, information and resources to parents who may be adult victims of domestic and sexual violence
- You will know how to respond to disclosures

#### Definitions

##### **Domestic Violence/Abuse**

Domestic violence/abuse is defined as a pattern of assaultive and coercive behaviors, including physical, sexual and psychological attacks. Domestic violence/abuse can include economic coercion that adults use against their intimate partners to gain and maintain power and control. It is used interchangeably with *battering*.

- Occurs in all age, racial, socioeconomic, educational, occupational and religious groups
- Is used to intimidate, humiliate or terrorize victims as a systematic way of maintaining power and control
- Is abusive behavior that is learned and gets the desired results for the abuser
- Is a CHOICE made by the abuser and is NOT caused by the victim or the relationship
- Is a criminal offense where actual or threatened physical or sexual force is used
- May present increased risk to the victim and children at the time of separation from the abuser
- Results in victim behavior that is focused on ensuring survival:
  - Minimizing or denying the violence
  - Taking responsibility for the violence
  - Protecting the perpetrator
  - Using alcohol or drugs
  - Self-defense
  - Seeking help
  - Remaining in the relationship

- Is considered a gendered crime as 85% are female victims<sup>2</sup>

**Domestic violence is NOT** about anger management. It is a choice based on the belief that violence is a justifiable way to maintain power over and intimate partner. The abuser does not “just lose control,” he loses control over his partner, thus becoming angry.

**Domestic violence is NOT** caused by alcohol or drug addiction. Using substances may make violence worse but using violence is a choice based upon very specific beliefs about women, their roles and their full humanity. Many batterers do not use substances. Many addicts do not abuse.

## **Child Witness**

Refers to children and adolescents seeing, hearing or being aware of intimate partner violence. It is used interchangeably with *children exposed to domestic violence* or *children exposed to battering*.

## **Abusers**

Refers to individuals who are violent toward their intimate partners. It is used interchangeably with *offenders*, *batterers*, *abusive partners* and *perpetrators of domestic violence*. In cases of sexual violence an abuser is more often referred to as a perpetrator.

## **Victims**

Refers to individuals who are violence toward their intimate partners. It is used interchangeably with *survivors*, *battered women*, *victimized parents*, and *adult victims*.

## **Child Sexual Abuse:**

Is defined by Vermont as an act or acts by any person involving sexual molestation or exploitation of a child including, but not limited to incest, prostitution, rape, sodomy, or any lewd and lascivious conduct involving a child.

It also includes the aiding, abetting, counseling, hiring, or procuring of a child to perform or participate in any photograph, motion picture, exhibition, show, representation, or other presentation which, in whole or in part, depicts a sexual conduct, sexual excitement, or sadomasochistic abuse involving a child.

Child sexual abuse can include both physical and non-physical contact.

### *Physical Acts*

- *Touching genitals*
- *Oral sex*
- *Vaginal/anal penetration with a body part or an object*
- *Touching breasts*
- *Encouraging or forcing to touch another's genitals*

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<sup>2</sup> Rennison, C.M. (2003). Crime Data Brief, Intimate Partner Violence, 1993-2001. Bureau of Justice Statistics.



## *Non-Physical Acts*

- *Inviting touch in a sexual way*
- *Voyeurism for sexual gratification*
- *Encouraging or forcing a child to masturbate or watch others masturbate*
- *Indecent exposure/ showing genital areas*
- *Involving child in viewing or the production on pornography*
- *Encouraging or forcing child to watch sexual activities*
- *Encouraging child to behave in sexually inappropriate ways*
- *Verbal and/or emotional abuse in a sexual nature*

## **Grooming:**

It's hard to describe a typical perpetrator. They look and act in different ways and can be found in any type of social status. They often establish themselves as an upstanding person who help families or they can be someone that already has established a relationship with the family or child, such as another family member, neighbor or close friend. Someone with a close relationship with the child is more common in child sexual abuse cases. Perpetrators work on this tactic so people will not suspect them of sexually abusing children.

A perpetrator uses a variety of techniques to gain access and control to children. The grooming process is subtle, gradual, and escalating process that helps perpetrators to prepare a child for the abuse. This process usually begins with the adults in the child's life to ensure that the contact and time with the child is welcomed and wanted.

Through this process the perpetrator can gain significant advantages reducing the risk of disclosures, the chance that the child will be believed, and reducing detection. The perpetrator may also try to manipulate what other adults may think of the child and convince the child into cooperating.

## *Targeting the Victim:*

Being embedded in the community a perpetrator will be involved in activities or hang out in places that have children present, such as youth groups, schools, churches, playgrounds, etc. After establishing themselves, they look for potential vulnerabilities in a child that they can use to their advantage (i.e. disabilities and emotional neediness).

## *Fill a Need:*

Once the perpetrator has access to the child and family they gradually desensitize them by testing and pushing boundaries. They look for supervision gaps to step in and 'be there' for the child differently; giving them compliments and gifts. This 'special' treatment can isolate the victim from friends, siblings and parents.

## *Isolation:*

This tactic of methodically building trust and filling in allows the perpetrator to find ways to spend 'alone' time with the child. Once the perpetrator feels like the child is isolated enough they will turn the relationship more sexual by preying on the child's natural curiosity.

### *Maintain Control:*

Once the abuse starts, the perpetrator will do whatever they can to keep the victim silent and available for future abuse. Through bribes, manipulation, blackmail, threats and even punishment they convince the child that if they tell something bad will happen. At the same time the perpetrator makes the child believe that they are in a consensual relationship. By doing this they are shifting the blame from themselves making the child feel responsible for the abuse, ashamed and scared.

### *Grooming: Concerning Behavior*

- *Kissing or hugging the child a lot*
- *Deliberately walking in while the child is changing or using the bathroom*
- *Asking or having the child watch them change or use the bathroom*
- *'Accidental' touching of genitalia while tickling, wrestling or roughhousing*
- *Games or activities that involve sexual touching and/or removing of clothing*
- *Telling sexually explicit jokes, talking about sex or showing pornography*
- *Looking at pictures where the child is partially nude (i.e. in bathing suit or undies)*
- *Teasing the child about breast or genital development*
- *Bathing or showering with the child*

### **Minor Human Trafficking**

Human trafficking of minors is a form of modern day slavery where children are obtained, recruited, harbored or transported by force, fraud or coercion for labor, domestic servitude and/or commercial sexual exploitation.

Traffickers target victims who are vulnerable due to challenging family/home lives. Traffickers might also scope out their potential victims by looking at social media sites, chat-lines, after-school programs, shopping malls/plazas, bus stops or through friends or acquaintances that have already been recruited. ([www.ed.gov](http://www.ed.gov))

### *Common Child Trafficking Cases:*

- Commercial sex
- Stripping
- Pornography
- Forced begging
- Magazine crews
- Au pairs or nannies
- Restaurant work
- Hair and nail salons
- Agricultural work
- Drug sales and cultivation

### *Potential Indicators:*

- Has coached/rehearsed responses to questions

- Demonstrates an inability to attend school on a regular basis and/or has unexplained absences
- Shows signs of drug addiction
- Frequently runs away from home
- Is hungry, malnourished, deprived of sleep, or inappropriately dressed
- Makes references to frequent travel to other cities
- Lacks control over his or her schedule and/or identification or travel documents
- Exhibits bruises or other signs of physical trauma, withdrawn behavior, depression, anxiety, or fear

#### *Signs of Sex Trafficking*

- Has a “boyfriend” or “girlfriend” who is noticeably older
- Demonstrates a sudden change in attire, personal hygiene, relationships, or material possessions
- Acts uncharacteristically promiscuous and/or makes references to sexual situations or terminology that are beyond age-specific norms
- Attempts to conceal recent scars

#### *Signs of Labor Trafficking*

- Cares for children not from his or her family
- Works long hours and receives little or no payment
- Expresses need to pay off debt
- Expresses concern for family members’ safety if he or she shares too much information

#### **Remember**

- Every child has the right to be safe
- Every adult has the responsibility to protect children
- Child sexual abuse is always the perpetrator’s fault, NEVER the child’s
- Child sexual abuse is NOT uncommon. It is a crime experienced by girls and boys.
- It is against the law for anyone to force sex or any sexual activity regardless of age, gender, cultural and religious beliefs.

## The Effects of Domestic Violence on Children

### VARIABLES/FACTORS AFFECTING THE IMPACT OF DOMESTIC VIOLENCE

- Relationship of child to the abuser
- Birth order
- Gender
- Age
- Developmental age and stage
- Child's own character, self-esteem and capacity to cope
- Level of exposure to the violence – when, how often, type and severity of the abuse
- Strength of relationship between child and mom
- Existence and strength of other family and community supports

**NOTE: Not all children experience severe repercussions from having been exposed to domestic violence, although most carry effects of their experiences with them throughout their lives.**

**Students may display some of the following signs when they are living with domestic violence. However, they may show signs for many other reasons. Students who display these signs may NOT be exposed to domestic violence, but it is likely that there is something stressful going on in their life that should be looked into.**

### SIGNS/INDICATORS OF DOMESTIC VIOLENCE (OF ALL AGES)

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Eating disturbances</li><li>• Sleep disturbances</li><li>• Stress related illness<ul style="list-style-type: none"><li>○ Headaches</li><li>○ Diarrhea/constipation</li><li>○ Chest pain</li><li>○ Grinding teeth</li><li>○ Feeling nauseated</li><li>○ Pounding heart</li><li>○ Sweaty/cold hands</li><li>○ Shortness of breath</li></ul></li><li>• Physical injuries<ul style="list-style-type: none"><li>○ Bruises</li><li>○ Broken bones</li><li>○ Scratch marks</li><li>○ Bite marks</li><li>○ Missing hair</li></ul></li><li>• Developmental delays</li><li>• Not responsive/cuddly</li><li>• Nervous/worried</li></ul> | <ul style="list-style-type: none"><li>• Angry</li><li>• Difficulty trusting</li><li>• Conflicted loyalties</li><li>• Depressed</li><li>• Stressed</li><li>• Feels responsible for the abuse</li><li>• Acting out violently, sometimes to divert from other behaviors</li><li>• Not learning cause and effect Blurred boundaries</li><li>• Poor impulse control</li><li>• Overachiever</li><li>• Caretaker of younger siblings and adults</li><li>• Feeling shameful of family</li><li>• Feeling guilty</li><li>• Difficulty in school/paying attention</li><li>• Learning delays</li><li>• Problems relating to other children</li></ul> |
|--|--|

<ul style="list-style-type: none"> <li>• Cries a lot</li> <li>• Regressive behavior</li> <li>• Fearful</li> <li>• Fear of loud voices/noises</li> <li>• Insecure</li> <li>• Confusion</li> <li>• Low self-esteem</li> <li>• Withdrawn</li> </ul>	<ul style="list-style-type: none"> <li>• Social isolation</li> <li>• Early interest in drugs/alcohol</li> <li>• Adult affect</li> <li>• Truancy</li> <li>• Runaway</li> <li>• Suicidal thoughts and actions</li> <li>• Premature sexual activity</li> <li>• Abusive in dating relationships</li> <li>• Confusion about gender roles</li> </ul>
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**NOTE: Some students may cope by intently focusing on academics, sports or social activities. They describe blocking out the troubling events at home with life at school. These young people may appear as if they have NOT been affected by the violence. It may be more accurate, however, to view them as children and adolescents whose coping strategies foster success at school.**

EFFECTS OF DOMESTIC VIOLENCE ON CHILDREN	
Healthy Development	Potential Impact
<b>Ages 0-5 Years</b>	
<ul style="list-style-type: none"> <li>• Learn how to express aggression and anger, as well as other emotions in appropriate ways</li> <li>• Think in egocentric ways</li> <li>• Form ideas about gender roles based on social messages</li> <li>• Increased physical independence</li> </ul>	<ul style="list-style-type: none"> <li>• Learn unhealthy ways of expressing anger and aggression; possibly confused by conflicting messages</li> <li>• May attribute violence to something they have done or seen</li> <li>• Learn gender roles associated with violence and victimization</li> <li>• Instability may inhibit independence; may see regressive behaviors</li> </ul>
<b>Ages 6-12 Years</b>	
<ul style="list-style-type: none"> <li>• Increased emotional awareness of self and others</li> <li>• Increased complexity in thinking about right and wrong; emphasis on fairness and intent</li> <li>• Academic and social success at school has primary impact in self-concept</li> <li>• Increased same sex identification</li> </ul>	<ul style="list-style-type: none"> <li>• More awareness of own reactions to violence at home and of impact on others (e.g. concerns about mother and sibling's safety, father being charged)</li> <li>• Possibly more susceptible to adopting rationalizations heard to justify violence; victim deserves the abuse</li> <li>• Ability to learn may be decreased due to the impact of violence; may miss positive statements or selectively attend to negatives or evoke negative feedback</li> <li>• May learn gender roles associated with intimate partner abuse</li> </ul>
<b>Ages 13-18 Years</b>	

<ul style="list-style-type: none"> <li>• Increased sense of self and autonomy from family and peers</li> <li>• Physical changes brought on by puberty</li> <li>• Increased peer group influence and desire for acceptance</li> <li>• Dating raises issues of sexuality, intimacy, and relationship skills</li> <li>• Increased influence by media</li> </ul>	<ul style="list-style-type: none"> <li>• Family skills for respectful communication and negotiation may be poorly developed due to violence; transition to adolescence may be more difficult for youth and family</li> <li>• May try to physically stop violence; may use increased size to impose will with physical intimidation or aggression</li> <li>• Possibly more embarrassed by violence at home; may try to escape violence by increasing time away from home; may use maladaptive coping to avoid violence</li> <li>• May have difficulty establishing healthy relationships; possibly at greater risk to become involved in dating violence</li> <li>• Possibly more influenced by negative media messages about violent behavior, gender role stereotypes</li> </ul>
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## The Effects of Child Sexual Abuse

### **VARIABLES/FACTORS AFFECTING THE IMPACT OF CHILD SEXUAL ABUSE**

- Relationship of the perpetrator to the child and how much the abuse caused a betrayal of trust
- Perpetrator's use of "friendliness" or seduction
- Perpetrator's use of treats or violence to harm, including pets, siblings and parents
- Perpetrator's use of secrecy
- How long the abuse has occurred
- Gender of the perpetrator
- Age and development level of child at the time of the abuse
- Child's emotional development at the time of the abuse
- Child's ability to cope
- How much responsibility the child feels for the abuse

### **SIGNS/INDICATORS OF CHILD SEXUAL ABUSE (OF ALL AGES)**

- Sexual knowledge, interest or language that is unusual for the child's age/developmental stage – verbalizes what sexual contact looks and sounds like
- Persistent and inappropriate sexual play with toys, animals, or other children that seem unusual, aggressive or unresponsive to limits or redirection, mimics adult-like sexual behavior
- Sexual themes in artwork and stories
- Excessive masturbation, sometimes in public, not responsive to redirection or limits
- Sudden or extreme mood swings: excessive crying and sadness or withdrawal, anger or rage, lack of emotion
- Fear states: anxiety, depression, phobias, and obsession
- Withdrawal into fantasy worlds or spaces out
- Loss of appetite, or difficulty eating, swallowing, changing habits
- Self-mutilating behaviors: cutting, burning, pulling out hair
- Talking about a new, older friend
- Suddenly has money, toys, gifts
- Regressive behavior: wetting the bed, sucking a thumb, soiling pants
- Acts out sexually and doesn't respond to limits
- Nightmares, trouble sleeping or fear of the dark
- Unexplained avoidance or fear of certain people, places or activities
- Fear of adults of the same sex as the perpetrator
- Starts having problems at school: low grades, not participating in activities and events, truancy, etc.
- Poor or deteriorating relationships with peers or close family members
- Suddenly wants to hang out with younger children
- Refuses to talk about a secret shared with an adult or youth



- Self-medicates: drugs and alcohol use
- Delinquent or aggressive behavior or overly compliant behavior
- Becomes sexually promiscuous: excessively seductive behavior, prostitution (there is a strong correlation between child sexual abuse and late teenage prostitution, but is not an effect of sexual abuse)
- Suicidal feelings and attempts

### **Physical**

- Trauma to breasts, buttocks, lower abdomen, thighs
- Bruises, bleeding or other physical trauma in genital or rectal area
- Genital or rectal pain, itching, swelling, redness, infection or discharge
- Pain or problems with urinating and/or defecation
- Bloodstained and/or torn underwear
- Difficulty walking, sitting or sitting still
- Sexually transmitted diseases or infections
- Presence of semen
- Unusual odors from the vaginal area
- Psychosomatic illness: abdominal pain, nightmares

## **EFFECTS OF CHILD SEXUAL ABUSE**

### **Healthy Development**

#### **Ages 0-4**

- Curiosity about body and genitals
- Becomes aware of and handles genitals
- Beginnings of masturbation – in public and private
- No inhibitions about nudity
- May begin getting erections/ vaginal lubrication
- May want to be changed when diaper is wet/soiled
- Beginning interest in differences between sexes, including differences in postures for urinating
- May watch caregiver and others in the bathroom, when using the toilet or undressing
- Affectionate toward main caregiver when wet, tired, troubled; also shows affection toward dolls, may want or ask for kisses or cuddles at bedtime

#### **Age 5**

- Aware of genital differences but lessening interest in anatomical difference
- Lessening interest in unfamiliar bathrooms
- More modest, less exposing of self
- Continued use of slang words, “potty humor” or jokes to describe body parts and functions
- Sex play or activities that explore sexuality and bodies
- Deeper understanding of gender roles – may act more “gendered” manner as expected behaviors and norms associated with gender are learned (girls may want to wear dresses, etc.)

<ul style="list-style-type: none"> <li>• Masturbation – some children touch their genitals for the purpose of pleasure, this begins happening more in private and less in public</li> </ul>
<b>Age 6</b>
<ul style="list-style-type: none"> <li>• Marked awareness of interest in differences between sexes in body structure</li> <li>• Mild sex play or exhibitionism</li> <li>• As social norms around masturbation become clearer, masturbation will likely occur in private</li> </ul>
<b>Age 7</b>
<ul style="list-style-type: none"> <li>• Know more about physiology and how the body works</li> <li>• Interest in sex rather high, some mutual play and exploration but less than earlier years</li> <li>• Interest in “smutty” jokes, giggling, whispering, writing or eliminating sex words</li> <li>• As puberty begins an increased need for privacy and independence</li> <li>• Interest in relationships</li> <li>• May express curiosity about adult bodies. This could involve trying to see people naked or undressing to looking for media with sexual content</li> </ul>
<b>Age 8</b>
<ul style="list-style-type: none"> <li>• Recognize social stigmas and taboos surrounding sexuality, especially if parents are nervous about the subject, and will be less open about asking questions</li> <li>• Know about social relations, sexual intercourse, sperm and egg. May or may not understand intercourse and sexual activity apart from making a baby</li> <li>• Understand more complex ideas regarding sexuality</li> <li>• Look to peers, media, and other sources for information about sexuality and sex</li> <li>• Understand cultural gender role stereotypes, and be able to identify when someone is “outside of the box” in their gender expression</li> <li>• Have a strong self-concept in terms of gender and body image</li> <li>• Begin to accept and take responsibility for behaviors and actions</li> <li>• Learns about self-control</li> <li>• Have a growing sense of influence over some things that happen in their lives</li> <li>• Like him/herself and feel valued by others</li> </ul>
<b>Ages 9-14</b>
<ul style="list-style-type: none"> <li>• May talk about sex information with friends of same sex, seek out pictures, sex swearing, sex poems</li> <li>• Interest in details of own organs and functions</li> <li>• During adolescence “normal” sexual experiences are open to wide interpretations dependent on values, background, gender, culture, etc.</li> <li>• Have an emerging sense of self as a young adult</li> <li>• Feel conscious of their sexuality and how they choose to express it</li> <li>• Understand jokes with sexual content</li> <li>• Feels concern about being normal, such as whether it is normal to masturbate, have wet dreams, etc.</li> <li>• Feel anxious and curious about puberty, when it will happen, how it will occur, how to be prepared, etc.</li> <li>• Compare their body with other bodies and try to define what is “normal”</li> <li>• Influenced by media messages regarding sexuality</li> </ul>

- Curious about differences they see in family and friends sexuality values vs others
- Feel shy about asking questions of caregivers, especially regarding sexuality, and may act like they already know all the answers
- Highly values privacy
- Concerned about equality of all people
- Begin to accept and take responsibility for behaviors and actions
- Exhibit empathy, sensitivity and friendship skills
- Have influence over things happening in their lives

### **Ages 13-18**

- Understand that they are sexual beings.
- Understand the options and many of the consequences of sexual expression gender identity, intimacy with boyfriends, girlfriends and other friends, sexual orientation, and sexual sexualization
- Choose to express and explore their sexuality in ways that may or may not include sexual activity
- Recognize the components of supportive or controlling relationships and have the capacity to learn about intimate, loving, long-term relationships
- Have a clear understanding of pregnancy and HIV, other sexually transmitted infections and the possible consequences of sexual intercourse, and the ability to make reasoned choices about sex based on knowledge
- Recognize the role media plays in publicizing views about sexuality
- Struggle with issues around body image
- Have an understanding of their own sexual orientation and develop a strong gender identify
- More comfortable seeking advice and counsel from parents and other adults
- Seek information from the internet and other sources
- Place a high value on promoting equality of all people
- Accept and take responsibility for behavior and actions
- Have control over things that happen in their lives

## **Concerning Behavior**

### **Ages 0-5**

- Having knowledge or discussion of specific sexual acts or explicit sexual language
- Engaging in adult-like sexual contact/acts or experiences with other children
- Masturbation unresponsive to redirection or limits or when told “no”
- Inserting objects in genital openings of self or other even after being told “no”
- Touches/rubs “private parts” of familiar children or adults after they have been told not to do so
- Keeps asking people questions even after parent has answered all questions at an age-appropriate level
- Very frequent erections
- Wants to be nude in public after parents repeatedly and consistently says “no”
- Interest in watching bathroom functions/does not wane after days/weeks

- Continues to use inappropriate words at home after parent consistently says “no”
- Smears feces on the walls or floors more than one time

### **Ages 5-8**

- Shows fear or anxiety about sexual topics
- Keeps getting caught watching/peeking at others doing bathroom functions
- Uses inappropriate words with adults after parents consistently say “no.”
- Continues to use inappropriate language with other children even after they’ve been corrected
- Shows genitals in public, continues to rub/touch in public even after being told “no.” Rubs genitals on furniture or other objects even after being told “no”
- Repeatedly humping other children with clothes on, repeatedly imitating sexual behavior with dolls/stuffed toys
- Sex talk gets child in trouble, romanticizing all relationships or sexualizing all relationships
- Becomes very upset when observed changing clothes, using toilet or bathing
- Keeps getting caught telling inappropriate jokes, or making sexual sounds (sighs or moans)
- Wants to play games related to sex and sexuality with much younger, older or unknown children
- Draws genitals (often disproportionate) on some nude figures but not others or on images of clothed people
- Stares/sneaks to stare at nude people after being told not to
- Talks very negatively about own gender
- Wants to compare genitals with much older or much younger people

### **Ages 9-12**

- Stares at the genitals, breasts, or buttocks of others making them uncomfortable
- Makes others uncomfortable by requests to touch their genitals, breasts, or buttocks, or asking them to touch his/her genitals, breasts, buttocks
- French kissing, talks/acts in a sexualized manner with unknown children. Fearful of hugs/kisses by adults. Gets anxious when sees displays of affection. Kisses/hugs unfamiliar adults or children.
- Continuous fascination with nude pictures that gets them into trouble
- Continuous erection or fear of erections
- Putting something in own genitals/rectum frequently even if it feels uncomfortable. Puts something in the genitals/rectum of other children
- Touching genitals of animals

## What teachers may see

The following case examples illustrate how living with violence can impact the lives of students.

### Truancy:

Kevin, age 10, was referred because of truancy. The referral letter queried whether Kevin is developing a school phobia. The school is particularly puzzled by the episodic nature of his truancy and the fact that he comes to school in the morning but runs away during the morning recess. During the second interview, Kevin discloses that his father is extremely violent and “beats Mom real bad.” He also tells his teacher that his father has tied a plastic bag on their puppy’s head until the puppy passed out because it had peed on the floor. Kevin explains that he has to be home some days to make sure his mother is okay. He describes staying outside his house and watching through the window, ready to intervene if his mother needs him.

### Dating Violence:

Jane, age 15, grew up witnessing repeated violence against her mother. She recalls many times when she and her mother fled to a shelter for safety. She reports that she hates her father and stepfather for how they treated her mother. She is determined not to find herself in a violent relationship. During a court-ordered assessment for truancy, Jane describes being slapped, kicked and knocked to the ground at school by her boyfriend. She explains it was all her fault because she had been speaking to another boy that her boyfriend does not like. Later, she discloses that she no longer sees her female friends because she has to be home in case her boyfriend wants to see her.

### Anger and Aggression:

John, age 13, and his mother are talking with the social worker from the school. His mother is very concerned about John’s verbal disrespect for his female teachers when they reprimand him. He is also physically aggressive toward her when she tells him that he is surprised by John’s actions. She reports that John witnessed his father being violent toward her until he was eight. She describes being very close to her son and proudly tells of a time when he attacked his father with a wooden spoon in an effort to stop him from strangling her. She knows John hated his father’s violent behavior and is hurt and puzzled by John’s aggression towards her and his teachers.

### Preoccupation, Silence and Eating Disorders:

Shelly, age 9, is an averaged-sized fourth grader. Up until this year she had been happily involved in school activities, socially engaged with her peers, full of energy and ready to try new experiences. Shortly after her mother re-married, however, Shelly has become increasingly despondent, unresponsive to friends and unwilling to eat much of anything. She often complains about stomach aches and asks to visit the nurse’s office several times a week. Once a class leader, Shelly has become dreamy and inattentive. Her friends are spending less and less time with her, saying that “Shelly doesn’t play fair.” She was tearfully overheard describing her step father’s new name for her-*The Spoiler*. And her mother, once the classroom coordinator, has not attended any school functions this year.

#### Immigration:

Fatima, 5 year old girl reveals during show and tell time that Daddy said we're going on vacation to our home country but mommy isn't coming with us. When questioned further it's clear she's not sure when they will be returning. Mommy's really upset and she's been searching the house because daddy has taken our special papers and won't give them to her.

#### LGBTQ:

Charlie, 16 identifies as an openly gay young man. His teacher starts to hear rumors that Charlie is engaged in risky sexual behavior with multiple partners and that he has skipped classes to engage in this behavior on school property. Recently teachers have also noted that his grades are starting to slip and he seems depressed in his interactions with adults. They have also noticed that Charlie doesn't seem to have any close friends or peer support.

#### Grooming/Pornography:

Aidan, 7 Year old is on a 504 for behavioral issues and part of his behavioral plan is to earn extra activities. He often picks working with the custodial crew. While helping to sweep the hallway floor Aidan starts bragging about a YouTube video that his 17 year old male neighbor who watching him after school showed him. When the custodian asked him what the video was about he said that it was of naked girls. Immediately after he said that he said "oops! I wasn't supposed to tell anyone."

#### Human trafficking:

Gertrude, a 17 year old approached her teacher concerned about her best friend Ivy. Ivy has been showing Gertie all her new, very expensive clothing, shoes and jewelry. Ivy is really excited about her new "job" and has been trying to convince Gertie to come and work with her. Ivy says it's really easy and even fun – all you have to do is go on dates. When Gertie asked Ivy "what mean by 'dates?'" Ivy got really nervous and was very vague in her response.

#### Normal/healthy sexual curiosity:

Logan, a 3 year old is in the process of potty training. He's really excited about peeing standing up like "big boys." While outside on the playground he pulls down his pants to pee. A teacher notices that he is touching his penis and when she approaches him, Logan excitedly says "I just went potty outside like my big brother!"

## Responding when students display troubling behaviors

The following guidelines are helpful for teachers dealing with troubling behaviors regardless of whether domestic violence is a factor.

When responding to students with troubling behavior:

**1. Remember, there may be a variety of reasons for the student's behavior:**

- Problems may be explained by a number of factors in the student's life, exposure to domestic violence is only one possibility.

**2. Reassure students and increase their sense of security in school by:**

- Establishing simple rules and routines so that students know what to expect
- Giving straightforward expectations for things that worry them (e.g., sirens, presence of police at school, etc.)
- Allowing students to naturally express themselves through talk, play and written assignments

**3. Clarify your concerns as it relates to the students behavior at school and your responsibility to educate. Try not to interpret the behavior, but rather describe it. It may be helpful to ask the student questions like:**

- What is going on that is contributing to (the behavior)?
- When do you feel (this behavior) started?
- How can I help you?
- Who is affected (by the student's negative behavior)?
- In what ways is the student or others affected by the behavior (failing grades, peers etc.)?
- Has anyone addressed this behavior before with you?
- What has been tried and how did it work?

**4. Consult with the principal or the social service worker at your school:**

- Consultation can help provide you with opportunities to obtain support from the school community. It can also help you to gather pertinent information about available resources and help you to develop strategies for how to address challenging behavior in the classroom and school.

**5. Talk to the student's parent:**

- Express your concerns as they relate to the education of this student or others in a supportive and non-threatening manner.
- Ask the parent what s/he is noticing at home and whether s/he has any ideas about what might be contributing to the student's difficulty in school.
- Discuss possible ways to support the student (What can the parent do? What can you do?)

**Additional note:** In situations where you believe one parent may be the victim of domestic violence at the hands of a current partner, it is important limit your conversation to discussing the student and the student's behavior. If, however, a parent discloses domestic



violence you can refer that parent to your local Domestic Violence Advocacy Program. A list of Vermont Domestic and Sexual Violence programs can be found at the [Vermont Network Against Domestic and Sexual Violence](#) website or on the map in [Appendix F](#).

**6. Remember that is often not easy to talk about family problems:**

- Domestic violence and other family problems are often treated with great secrecy. Sometimes the secrecy is a way of maintaining safety. By asking about a problem you will have let the family know that you are concerned and are willing to help. Also, if domestic violence is present in a safe way you will let the family know that it is ok to talk about family problems. Finally, a family member may be more likely to talk to you in the future if they are experiencing violence if you take the time to talk with a family about your concerns.

**7. Provide information on available resources:**

- Offer information about resources in the community that might assist the student and his/ her family (shelters, domestic violence agency, child trauma/treatment center, cultural-linguistic interpretation services). (See [Vermont Network Against Domestic and Sexual Violence](#) website or [Appendix F](#) for services in your area)

**We suggest parents be encouraged to seek assistance for their child from a physician or family counseling agency when the child's behavior:**

- Is physically harmful to the student or others
- Is intense enough to interfere with the student's day-to-day adjustment in school
- Does not respond to behavior management strategies
- Persists over a long period of time (3 to 6 weeks).

[Teaching Strategies](#)

**Note: Students exposed to violence in the home may benefit from specific teaching approaches and strategies. Fortunately, these approaches benefit most students and are likely already being used to some degree in your classroom.**

**1. Create a safe and low-stress environment that promotes respect towards others.**

- Model nurturing, safe and respectful behavior
- Establish an explicit norm against violence
- Consistently enforce non-acceptance of violence
- Teach and reward non-violent conflict-resolution and cooperation
- Foster cooperation and reduce competition and situations where students may be humiliated (peers picking teams etc.)

2. **Provide positive learning experiences and activities to promote security, self-esteem and learning.**
  - Verbally praise students for their efforts
  - Provide opportunities for fun
  - Assist students to recognize their strengths and to experience success
3. **Let students know what to expect.**
  - Plan and prepare the students for visitors
  - Minimize last minute scheduling changes
  - Give advance notice of upcoming events
  - Give advance notice of upcoming lessons or activities that may touch on difficult experiences
  - Provide time if a student needs to process during or after an activity that touches on a difficult experience
4. **Increase positive connections to school.**
  - Look for a match between the student's interest and/or strengths and the course assignments, school staff, or extracurricular activity
  - Strongly encourage participation
  - Enlist peer and adult support to provide encouragement and support to foster connection
5. **Schedule self-regulating activities throughout the school day, or have a child participate in an activity when they are having a hard time.** A self-regulating activity is an activity that works to calm a child when they are experiencing stress.

Self-regulating activities:

- can help a student remember to breathe when overwhelmed
- can help a student take a mental break from the stress and focus on something else
- can help to restore a student's sense of ownership over their body
- can cause physiological changes to restore functioning of the brain and organs
- can help a student prepare for a stress in school like a test or presentation.<sup>3</sup>

## Talking to a Parent or Student Who Discloses Domestic Violence

### School and Community Partnerships

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<sup>3</sup> For more information see <http://www.nsvc.org/grounding-tools>

## **Links between schools and other community agencies helping families experiencing domestic violence:**

- Building relationships with shelters, legal advocacy programs, counseling services and violence against women prevention agencies will be beneficial.
- These links help address gaps that can exist in the broader system and enable school personnel to provide accurate referral information to parents about resources.
- Working relationships and protocols between schools and shelters will make consultation regarding the needs of the students easier. Personnel working at shelters are an excellent source of support, information and advice.
- In many communities there are local coordinating committees or councils that focus on violence against women. These committees may offer opportunities for networking, and may have sub-committees focused on the needs of children and adolescents.

When students are living with their mother at a shelter:

### **Cooperate with the safety plan that may have been developed in conjunction with the non-offending parent.**

- Children and adolescents may have helped develop a plan that may include where they must go when transported to school (e.g., office or yard) and what to do if the abusive parent comes to the school. It is important for every staff member at the school to be aware of this plan. This may involve protocols established at the shelter, protection orders granted by a judge that may order that the abusive parent not have any contact, stay a certain distance away, or may have supervised contact, and/or contact with the police for crisis situations.

### **Be aware of any of school policies and procedures in case a crisis situation occurs.**

- Policies that include procedures for dealing with these difficult and distressing situations are helpful (e.g., Who will call the police? Who will stay with the student? Where will the student be taken until the police arrive?). The goal is to maximize the safety and minimize the emotional distress of all students, parent(s), staff members and school visitors.

When a parent is a victim of domestic violence

### **When you are planning to talk to a parent who may be a victim of domestic violence:**

1. **Find a safe time and place to talk to the parent.**
  - Try calling the parent. When they answer the phone, ask if it is a good time to talk about her son's/ daughter's progress in school. Offer the parent an opportunity to come to the school to talk. If you leave a message, do not refer to problems at home as this could endanger the adult victim and/or student.
2. **Share your concerns about the student.**
  - Talk to her about your concerns from the view of her child's education and adjustment at school.
3. **Be supportive and provide information about community resources.**
  - It may be difficult for a parent to hear that her son or daughter has let someone outside the family know about the abuse. The parent may be worried about difficult situations that may result from the disclosure, including increased safety concerns. She may respond to you with anger or denial. It is important to remain supportive and provide information (see pages [26](#), [34](#) & [36](#)). You may choose to highlight that her child was not trying to be disloyal or to create trouble. Most adult victims want to, and have tried to, protect their children.
4. **Encourage the victim to contact the local domestic violence program for support and help with planning for her safety.**
  - Provide the parent with contact phone numbers or information on additional safety measures. Offer the parent the opportunity to call and provide a phone and privacy. If possible, follow up to see if they made the connection.
5. **Reassure the victim that you will not speak with the alleged abuser about your concerns.**
  - Talking with the alleged abuser about your concerns may endanger the youth or the victimized parent. Your reassurance that you will not discuss issues related to violence with the abusive parent may relieve some of the concern the parent may be experiencing as a result of the disclosure.
6. **Determine whether you have an obligation to report to the Department for Children and Families (DCF), Family Services Division. (See page [28](#))**
  - Discuss your concern with the victim parent about obligation to report unless you feel this could escalate danger to the child. If you are unsure, consult with DCF.

#### Ways to support a student who makes a disclosure

**Teachers may receive disclosures about violence in the home from students, but may have limited information on how to support these young people. The following guidelines are offered to enhance your ability and confidence to respond in ways that help students when disclosures occur.**

**1) Let the student know the limits of confidentiality.**

- Inform students when you cannot keep information confidential (e.g., if someone is being abused; if someone plans to harm self or others). What you say will be influenced by the legislation in your jurisdiction and school policies (i.e mandatory reporting).

**2) Allow the student to tell his/her story.**

- It usually helps young people to talk with a trusted adult about the violence or troubling events in their lives.

**3) Do not pressure the student to talk.**

- It is important to remember that your role is not to gather evidence or to investigate the situation. Your role is to listen and to acknowledge the feelings the student is sharing.

**4) Reassure the student.**

- If a student discloses a troubling incident at home directly to you, reassure them by validating their feelings (e.g., “Sounds like that was scary for you. Are you okay?”). Depending on the situation, it may be helpful to let them know that you are glad that they told you, that the violence is not their fault, and that no one should be hurt.
- Older students may ask you to not say anything to anyone about what they have told you. It is important for you to let them know if you need to tell people who can help them and others to be safe.

**5) Inform the student of what you are going to do.**

- Students are likely to feel relieved but vulnerable following a disclosure. The troubling situation they are dealing with may also have left them feeling powerless. Letting students know what steps you are taking and when you will talk to them can decrease their anxiety.

**6) Support students in making choices whenever possible.**

- Students do not have control of the troubling situation. You can increase their sense of control by offering them choices. For example, some students will want time away from the class after making disclosure and may prefer to sit in the library. Others may wish to re-join their class. Whenever possible, support students’ sense of what they need at this time.

**7) Do not criticize or speak negatively about the batterer.**

- Young people often have confused or mixed feeling about the batterer. They may hate the abuse but like the “fun” times they also share with the abusive parent. Children and adolescents can feel very angry at and loyal to a parent at the same time. If you criticize the offending parent, feelings of loyalty and protectiveness toward the parent may cause the youth to feel that he/she cannot talk about the abuse.

**8) Do not make commitments to the student that you cannot honor.**

- Sometimes teachers are so moved by a student's situation and want so much to protect and reassure the youth, they make statements that they cannot follow through on. Examples include comments such as: "I will keep you safe"; "I won't let him hurt your mother anymore"; "I won't tell anyone what you told me." While clearly well intended, such commitments can diminish a student's trust in others when s/he discovers the statements are untrue. This may cause a young person to believe that no one can help and it is not worth telling anyone about the upsetting things happening at home.

**The student may choose this time to disclose because changes in circumstances have tipped the balance so that the youth's typical coping strategies are strained. Responding supportively to students making disclosures may increase their sense of security and their willingness to share their concerns or seek help in the future.**

## Reporting to the Department for Children & Families, Family Services

### Who Are Mandatory Reporters?

Vermont law mandates those professionals in health care, education, childcare, mental health, social services, law enforcement and members of the clergy report all suspected cases of child abuse and neglect. If you work in one of the professions listed below, you are a mandatory reporter. This means that if suspect that a child has been abused or neglected, you are required by Vermont law to make a report to the Vermont Department for Children and Families, Family Services (DCF, FS)-within 24 hours. For more specific information please consult the [Vermont Department for Children and Families, Family Services](#) website.

#### **Mandatory Reporters:**

- Health care provider, including any chiropractor, dentist, emergency medical personnel, hospital administrator, intern, licensed practical nurse, medical examiner, osteopath, pharmacist, physician, physician assistant, psychologist, registered nurse, resident physician, and surgeon;
- Individual who is a) employed by a school district or an approved or recognized independent school or b) contracted and paid by a school district or an approved or recognized independent school to provide student services, including any school superintendent, school principal, headmaster of an approved or recognized independent school, school teacher, student teacher, school librarian, and school guidance counselor;
- Agency of Human Services employee, contractor, or grantee who has contact with clients;
- Camp administrator, counselor, and owner, including any residential and nonresidential camp and recreational program;
- Childcare worker;
- Clergy member;
- Mental health professional;
- Police officer;
- Probation officer; and
- Social worker.

In addition to mandatory reporters, any other person who has a reasonable cause to suspect that a child has been abused or neglected may make a report to DCF, Family Services.

### Definitions of Abuse and Neglect

- 1) Vermont law, 33VSA, 4912(2)
  - “Abused or neglected child” means a child whose physical health, psychological growth and development, or welfare is harmed or is at substantial risk of harm by the acts or omissions of his or her parent or other person responsible for the child’s welfare. An “abused or neglected child” also means a child who is sexually abused or at substantial



risk of sexual abuse by any person and a child who has died as a result of abuse or neglect.

- “Assessment” means a response to a report of child abuse or neglect that focuses on the identification of the strengths and support needs of the child and the family and any services they may require to import or restore their well-being and to reduce the risk of future harm. The child and family assessment does not result in a formal determination as to whether the reported abuse or neglect has occurred.
- “Emotional maltreatment” means a pattern of malicious behavior which results in impaired psychological growth and development.
- “Harm” can occur by:
  - Physical injury or emotional maltreatment
  - Failure to supply the child with adequate food, clothing, shelter, or health care. As used in this subchapter, “adequate health care” includes any medical or nonmedical remedial health care permitted or authorized under State law. Notwithstanding that a child might be found to be without proper parental care under chapters 51 and 53 of this title, a parent or other person responsible for child’s care legitimately practicing his or her religious beliefs who thereby does not provide specified medical treatment for a child shall not be considered neglectful for the reason alone.
  - Abandonment of the child.
- “Investigation” means a response to a report of child abuse or neglect that begins with the systematic gathering of information to determine whether the abuse or neglect has occurred and, if so, the appropriate response. An investigation shall result in a formal determination as to whether the reported abuse or neglect has occurred.
- “Person responsible for a child’s welfare” includes the child’s parent, guardian, foster parent, any other adult residing in the child’s home who serves in a parental role, an employee of a public or private residential home, institution, or agency, or other person responsible for the child’s welfare while in a residential, educational, or child care setting, including any staff person.
- “Serious physical injury” means, by other than accidental means:
  - physical injury that creates any of the following:
    - a substantial risk of death;
    - a substantial loss or impairment of the function of any bodily member or organ;
    - a substantial impairment of health; or
    - substantial disfigurement; or
  - Strangulation by intentionally impeding normal breathing or circulation of the blood by applying pressure on the throat or neck or by blocking the nose or mouth of another person.
- “Risk of harm” means a significant danger that a child will suffer serious harm by other than accidental means, which harm would be likely to cause physical injury or sexual abuse including as the result of:

- a single, egregious act that has caused the child to be at significant risk of serious physical injury;
- the production or preproduction of methamphetamines when a child is actually present;
- failing to provide supervision or care appropriate for the child's age or development and, as a result, the child is at significant risk of serious physical injury;
- failing to provide supervision or care appropriate for the child's age or development due to use of illegal substances, or misuse of prescription drugs or alcohol;
- failing to supervise appropriately a child in a situation in which drugs, alcohol, or drug paraphernalia are accessible to the child; and
- a registered sex offender or person substantiated for sexually abusing a child residing with or spending unsupervised time with a child.
- "Sexual abuse" consists of any act or acts by any person involving sexual molestation or exploitation of a child, including:
  - incest;
  - prostitution;
  - rape;
  - sodomy;
  - lewd and lascivious conduct involving a child;
  - aiding, abetting, counseling, hiring, or procuring of a child to perform or participate in any photograph, motion picture, exhibition, show, representation, or other presentation which, in whole or in part, depicts sexual conduct, sexual excitement, or sadomasochistic abuse involving a child;
  - viewing, possessing, or transmitting child pornography, with the exclusion of the exchange of images between mutually consenting minors, including the minor whose image is exchanged;
  - human trafficking;
  - sexual assault;
  - voyeurism;
  - luring a child; or
  - obscenity.

## How to Make a Report (see Appendix C for a reporting flow chart)

- If you suspect that a child is in immediate danger, call or local police department or dial 911. Follow up by making a report to DCF, Family Services.
- To make a report, call DCF, Family Services Child Protection Line at 1(800) 649-5285. Keep in mind that DCF, Family Services must receive your report within 24 hours.
- The DCF, Family Services Child Protection Line is available to receive a report of suspected child abuse or neglect 24 hours a day, 365 days a year.
- If you are unsure whether the situation warrants a report, please call DCF, Family Services Child Protection Line. Remember you do not need to prove that the child or youth has been abused.
- When you call DCF, Family Services Child Protection Line to make a report, you will be asked about the child's situation and record the information you provide. When reporting, try to have as much information on hand as possible.
- Consult DCF's [written report form](#) for a better understanding of the information you will be asked to provide.

### **If known, provide:**

- Child's name, age, date of birth, and other identifying information that you know, such as school location or child care, etc.
- Name, address, and phone number of the child's parent/caretaker or other person legally responsible for the care of the child.
- Names and ages of siblings or other children living in the home.
- The Who? What? Where? and When? Concerning the situation you are reporting.
- A description of any physical and/or behavioral symptoms of abuse or neglect you observed or know about.
- A description of any incidents you observed of a child being directly harmed, left unsupervised in dangerous situations, placed a risk of harm, or other reasons for your concern.
- Vermont law provides you with immunity from civil or criminal liability as long as your report was made in good faith.

Depending on the nature of your relationship with the family, you may feel it would be helpful to inform the parents that you are making a report. We strongly recommend that you contact DCF, Family Services Child Protection Line for advice before taking this step, but this is ultimately your decision. In some cases, informing the parents could endanger the child and hinder the child safety intervention while in other cases it may be helpful to providing protection for the child. DCF, Family Services Child Protection Line is an invaluable resource in deciding whether to take the step to inform the parent(s) that you are making a report.

When you call DCF, Family Services Child Protection Line, the worker will discuss some of the factors to consider in deciding whether to inform the parent (s): will the child's continued safety

be at risk if the parents/guardians are informed or will informing a protective parent help to keep the family safer? Will they be open to DCF, Family Services involvement? What is the perpetrator's relationship with the child? Are they likely to leave the area if they become aware you are making a report to DCF, Family Services?

### What Happens After a Report is Made

- The process for determining if an intake is accepted or not for a child safety intervention requires that the intake is reviewed by two supervisors. After receiving your report, a DCF, Family Services supervisor in the Child Protection Line will review the information and determine whether to accept (or open) the case for a child safety intervention. The intake will then be sent electronically to the district office for the geographical area the child resides and a supervisor will perform a second read of the information provided and make a final determination whether to accept the case for a child safety intervention.
- Not all intake reports are accepted for investigation or assessment. Your job as a mandatory reporter is to contact DCF, Family Services whenever you have reason to believe that a child has been, or is at risk of being abused or neglected. It is DCF, Family Services job to take that information and to carefully evaluate whether it measures up to the spirit and letter of the law.
- DCF, Family Services will accept your report and open the case for a child safety intervention if they find there is sufficient information to indicate that the child or youth may have been abused or neglected as defined in state law. Even if your report does not result in a case being accepted, it is always best to err on the side of caution and report your concerns; keep in mind that your report may provide a key piece of information that is helpful to DCF, Family Services' decision and to the safety and well-being of a child.

### If your report is accepted

- DCF, Family Services will begin a child safety intervention within 72 hours.
- You may be contacted by the DCF, Family Services district social worker assigned to investigate or assess the intake for further information.
- If the case is an investigation, the decision to substantiate a report of child abuse or neglect is based on accurate and reliable information that would lead a reasonable person to believe that a child has been abused or neglected or is at risk of harm as defined earlier in this section. The decision will be made jointly by the social worker and his or her supervisor.
- In a child safety intervention, the social worker will assess the immediate and long-term risk to the child or youth.

In many cases, the child may remain at home, and DCF, Family Services social worker may assist the family to access services they need to end the abuse and improve parenting capacity.

#### What if there is an immediate danger?

- If the child is in immediate danger, as determined by DCF, Family Services, the police or the courts he or she may be removed from the home. The child may be placed in DCF, Family Services custody and housed temporarily with a foster family, relative or in another setting. Or, the child may be placed in the custody of another individual the court finds to be qualified to care for the child. Only a judge can make the decision to place a child in DCF, Family Services custody.

#### How do I know what happened?

- At the conclusion of your report to DCF, Family Services Child Protection Line, you will be provided with an intake number from the worker. You may call the Child Protection Line to request information regarding the acceptance status of the report you provided. They will not be able to tell you the outcome of the child safety intervention.

#### What information may be shared with me?

- Whether your report was accepted as a valid allegation of abuse or neglect;
- Whether an assessment was conducted and, if so, whether a need for services was found; and
- Whether an investigation was conducted and, if so, whether it resulted in a substantiation
- Upon request, we may also provide you with relevant information and records related to a report you made if you have an ongoing working relationship with the child or family who is the subject of the report. You may not share this information with any person not authorized to get it.

#### What if my report is not accepted?

Remain observant and if additional concerns arise, contact DCF, Family Services. Remember whatever action is taken by DCF, Family Services in response to your report, you can still offer the family helpful resources and information about community based services available to support them. In cases of children exposed to domestic violence that are not accepted, DCF Family Services Domestic Violence Specialists can outreach and or consult with a mandatory reporter (per FSD Policy 61).

All new reports must be made through DCF, Family Services Child Protection Line at 1(800)649-5285

## Safety Planning for Faculty and Staff

- It is essential that you know who can pick up the student and who cannot.
- Have a plan in the event a parent who is not allowed attempts to pick up a student (e.g. who will stay with the student, who will call the police, who will explain to the parent that the police have been contacted).
- Copies of court papers need to be on file to stop a non-custodial parent from picking up the student. You may need to explain this to the custodial parent and encourage them to seek legal counsel in cases where there are no court documents identifying which parent is the legal guardian and/or issues of access.
- Depending on the risk, some children being transported from shelters may need to go into the school building until school begins.

### McKinney – Vento Homeless Assistance Act

Vermont's Education for Homeless Children and Youth program ensures that homeless students have equal access to the same free, appropriate, public education (including public preschool) provided to other Vermont children, with the opportunity to meet the same challenging state content and student performance standards. Many children living with domestic violence may be temporarily displaced from their homes for safety reasons.

A complete list of all the [liaisons in the state](#) is available in [Appendix E](#) of this document.

### Handling parent-attended events where domestic violence is an issue:

- Focus on the student's participation in the event.
- Obtain copies of legal documents that state changes in guardianship, custody and access arrangements (e.g., custody and visitation agreement, restraining order).
- Do not inadvertently blame either parent for whatever situation unfolds when talking with the student.
- Be aware of your attitudes and feeling toward each parent and the current situation. This will help to safeguard against your attitudes and feelings leading to unhelpful or nonprofessional practice.
- Be prepared to be flexible to support solutions that maximize comfort and safety for students, their families, and staff. (e.g. separate parent conferences with the father and the mother).
- You (or your principal) need to be prepared to make decisions about limiting access to school functions by a parent whose behavior jeopardizes the safety and well-being of students and their teachers.

## Promoting Prevention Efforts

Prevention efforts are based on the social ecological model of [sexual violence prevention](#). The goal is for youth and adults to receive consistent positive messages about sexual violence prevention, healthy sexuality, and healthy relationships. This can involve using universal prevention activities and bystander training, such as: multiple small group sessions with students referred by guidance staff, interrelated presentations to larger groups, teacher/professional in-service training, youth leadership development/bystander education, media campaigns and other awareness activities. Each Network Program may have Youth Advocates or Prevention Specialists that are trained in prevention education curriculums that can provide workshops and/or trainings for faculty/staff, parents and students. Most advocates can tailor their presentations to individual school's needs. Call your [local program](#) if you have any questions or would like to schedule a program.



## Community Resources

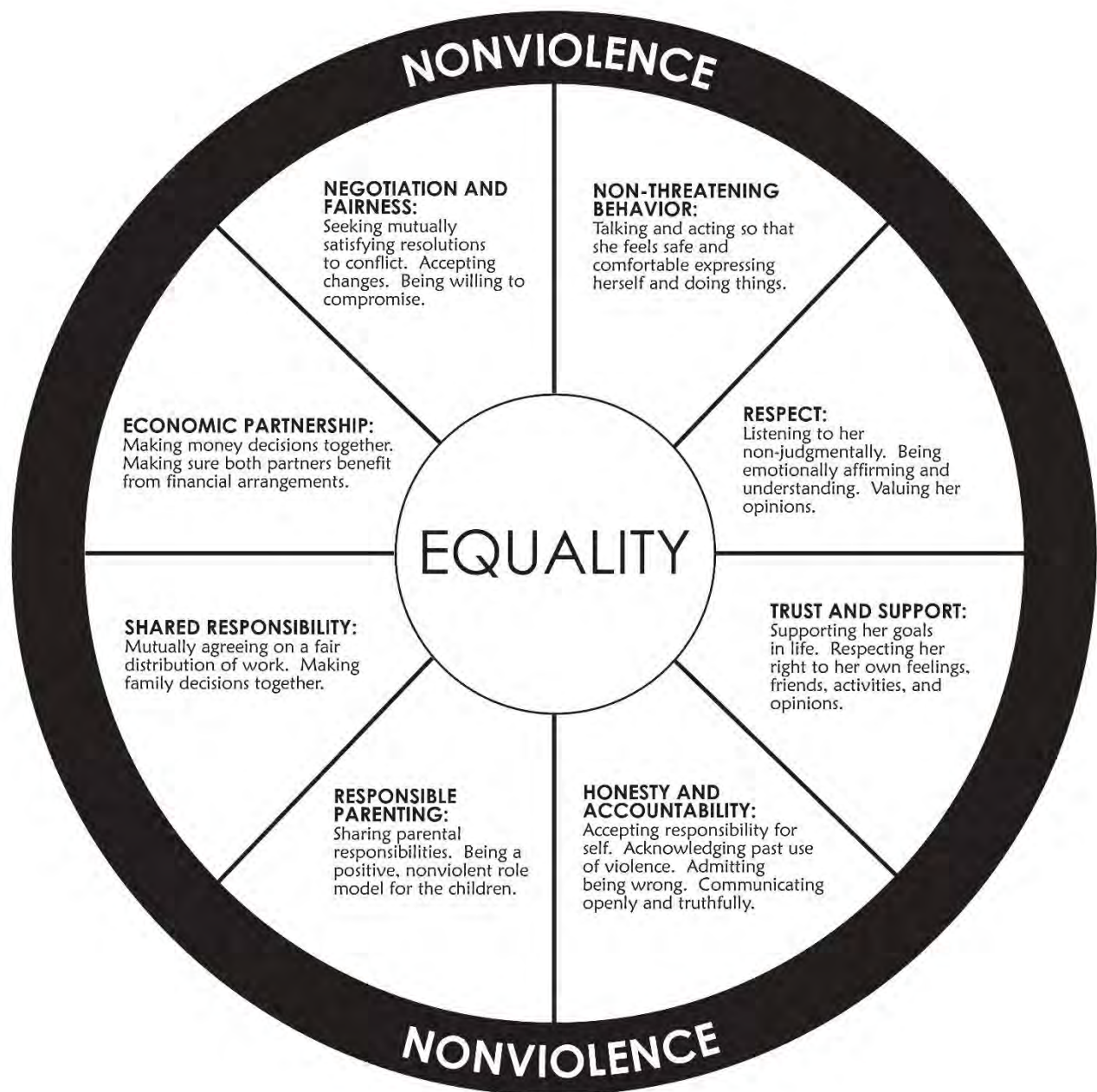
Important numbers and information to share with older students or parents as needed

### Contact numbers for your Community:

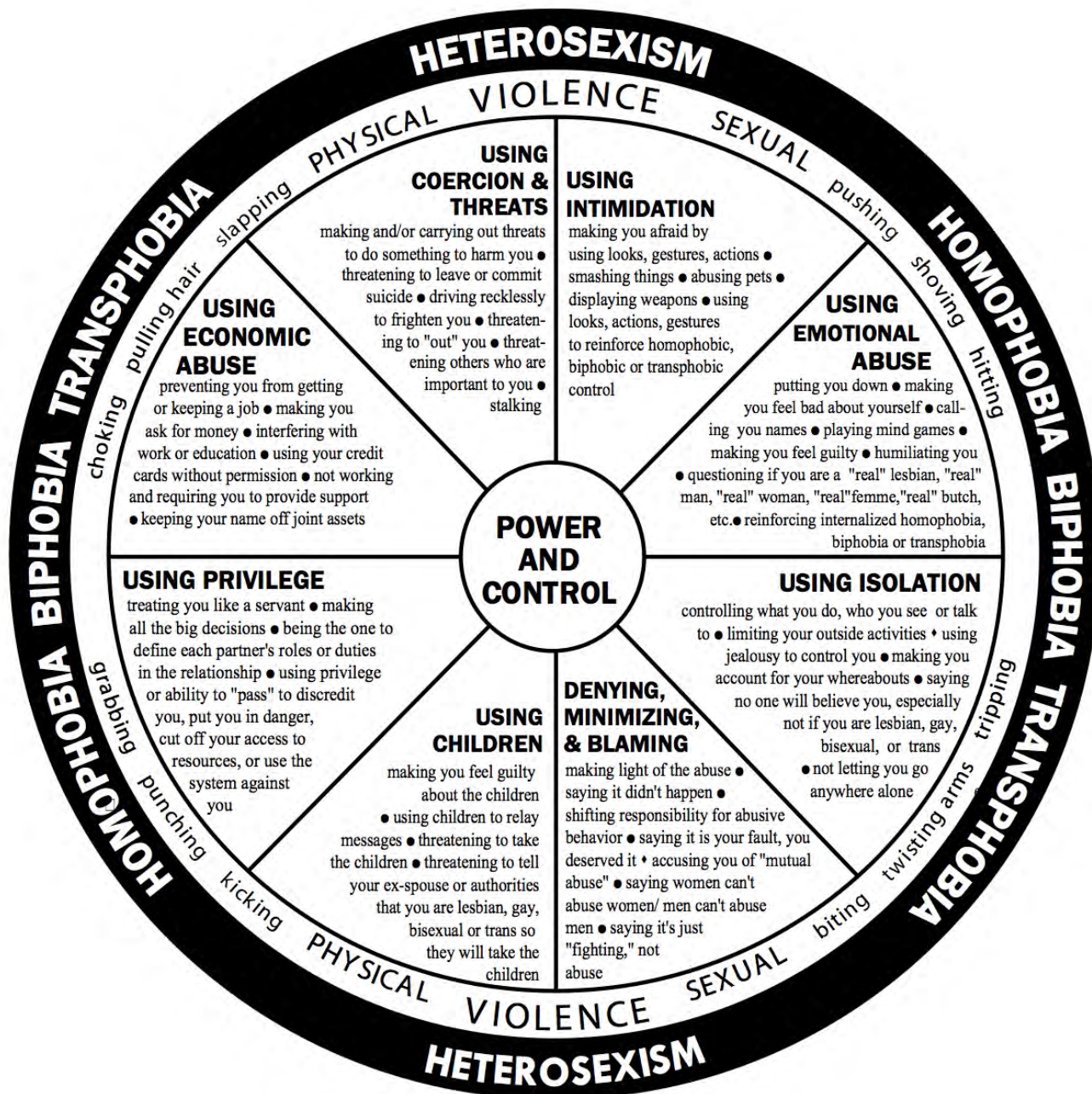
<a href="#"><u>VT Network Against Domestic and Sexual Violence</u></a> (statewide resources)	802-223-1302
Statewide Domestic Violence Hotline	800-228-7395
Statewide Sexual Violence Hotline	800-489-7273
DCF Child Protection Line	1-800-649-5285
Domestic Violence Agency	
Sexual Violence Agency	
Community Mental Health Agency	
DCF Family Services Office	
<a href="#"><u>Vermont Legal Aid</u></a>	
Batterer's Intervention Program	



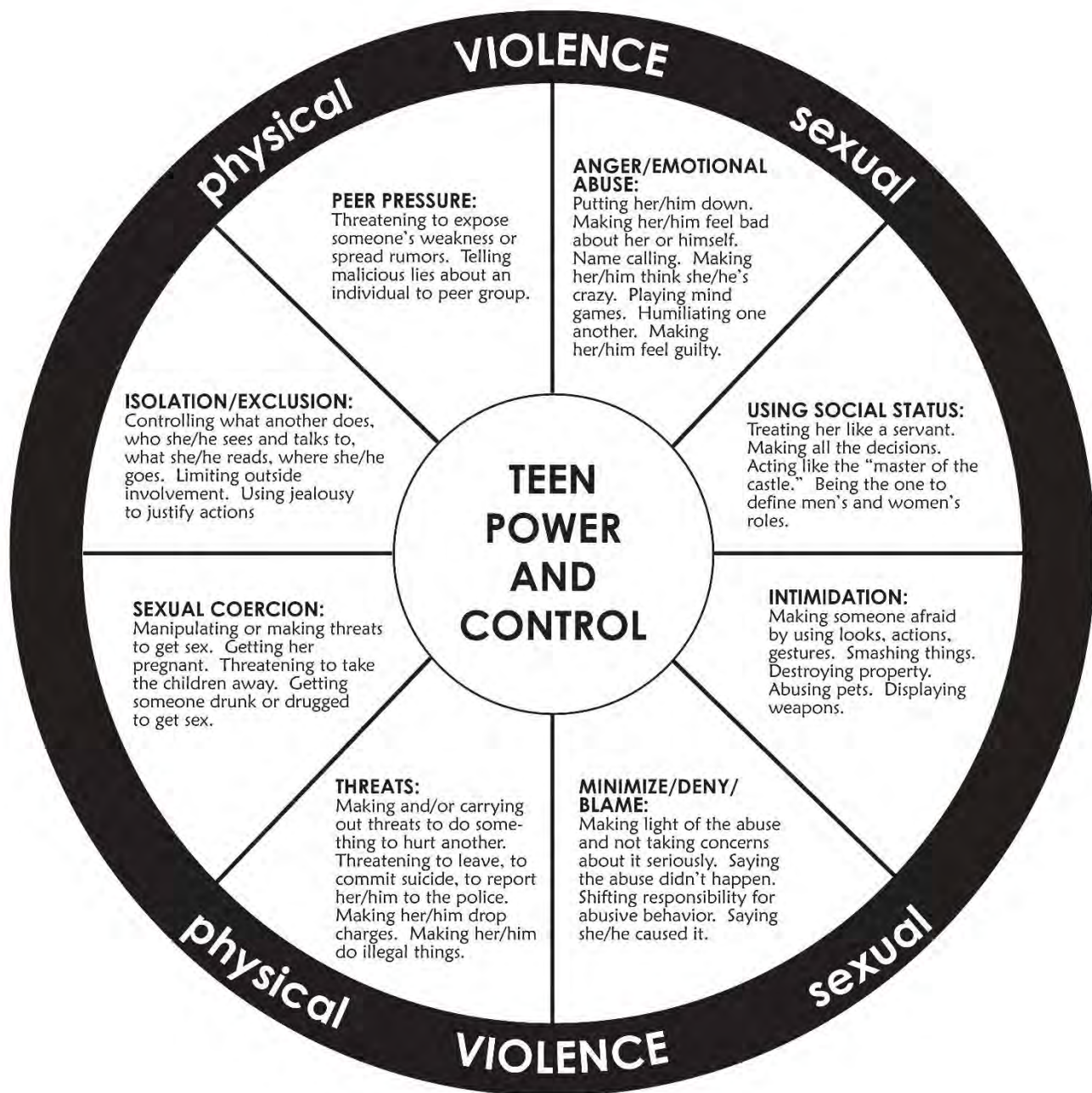
*Reproduced with permission of the  
Domestic Abuse Intervention Program  
Duluth, MN*



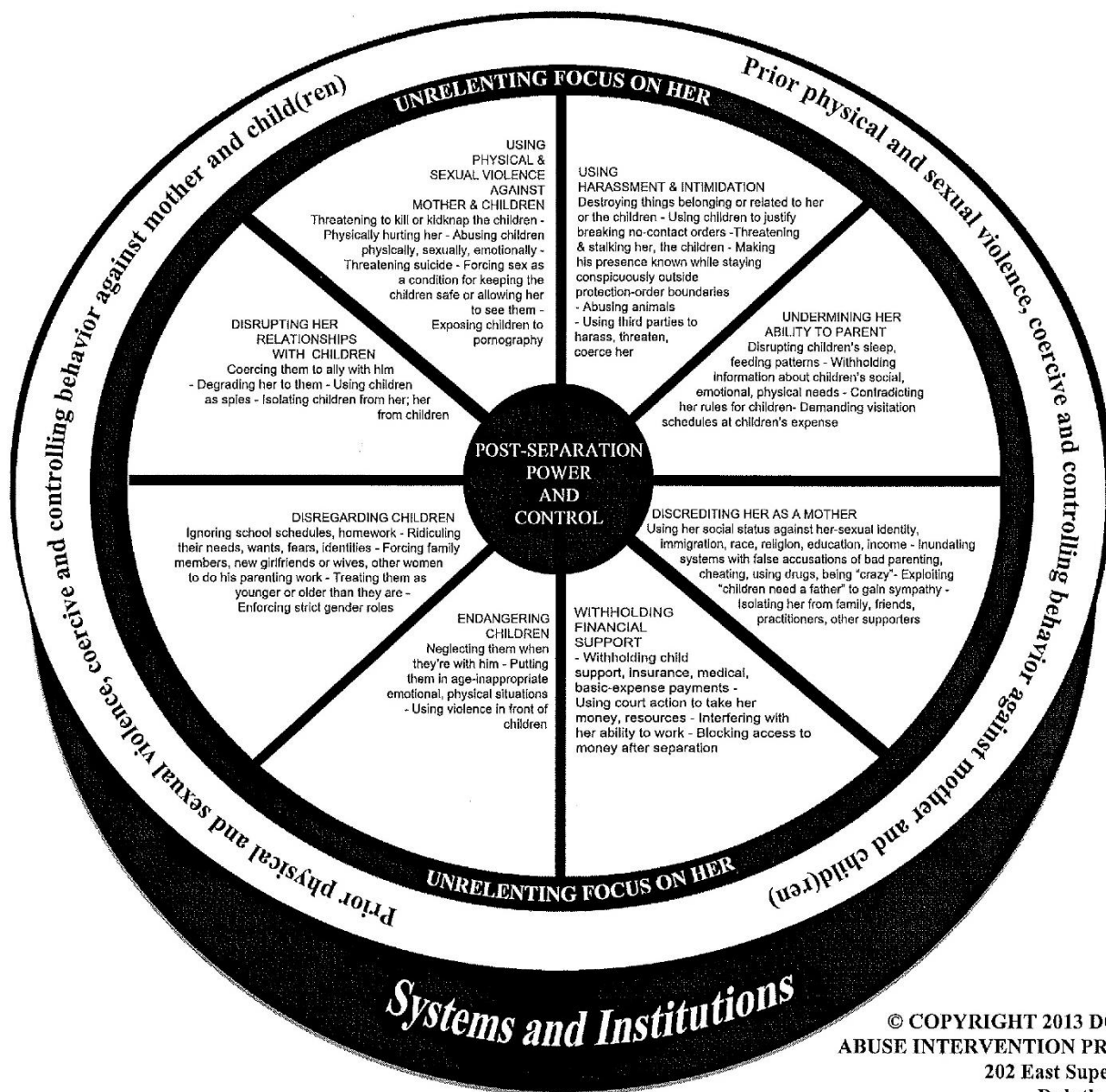






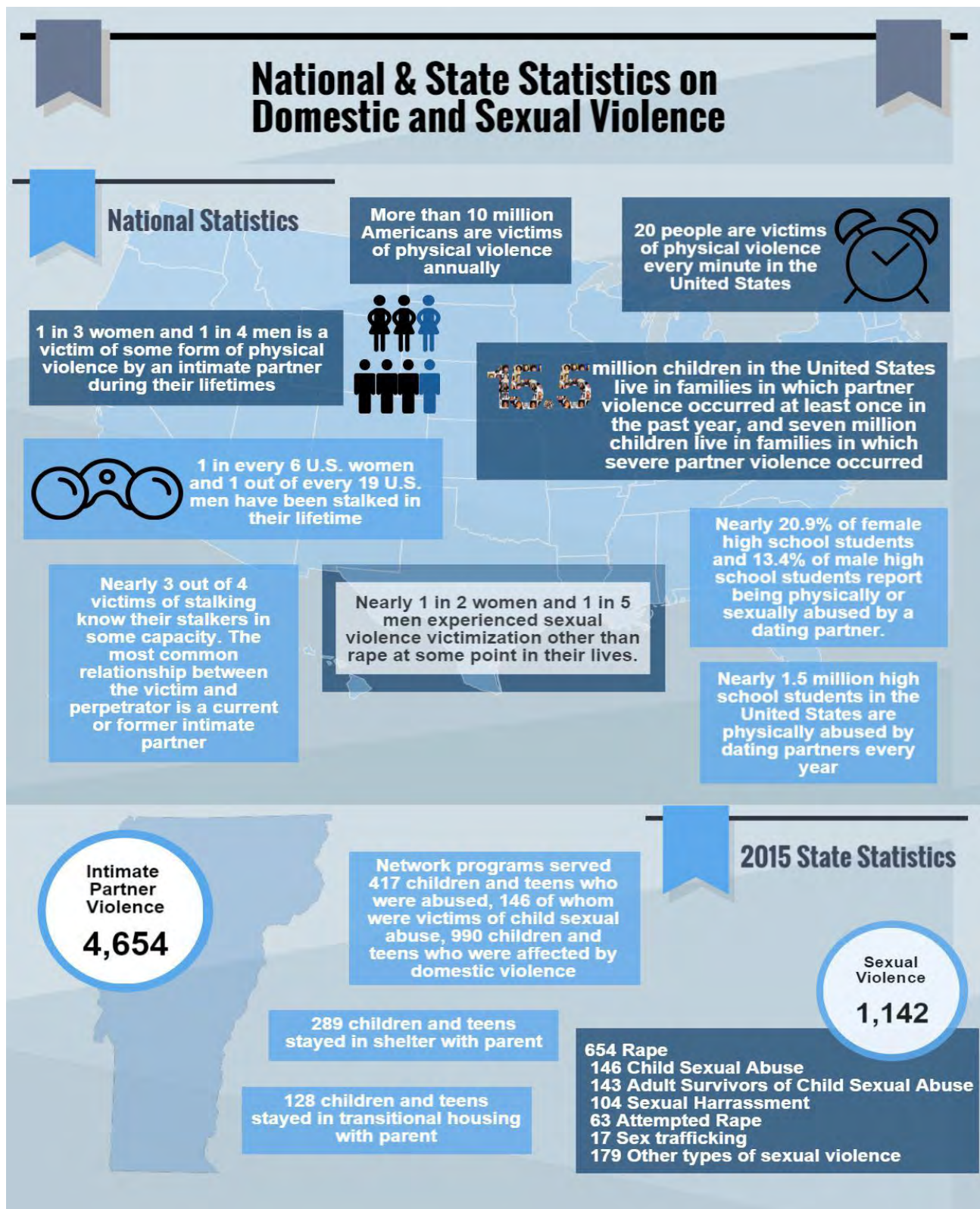






© COPYRIGHT 2013 DOMESTIC  
ABUSE INTERVENTION PROGRAMS  
202 East Superior Street  
Duluth, MN 55802  
218-722-2781  
[www.theduluthmodel.org](http://www.theduluthmodel.org)

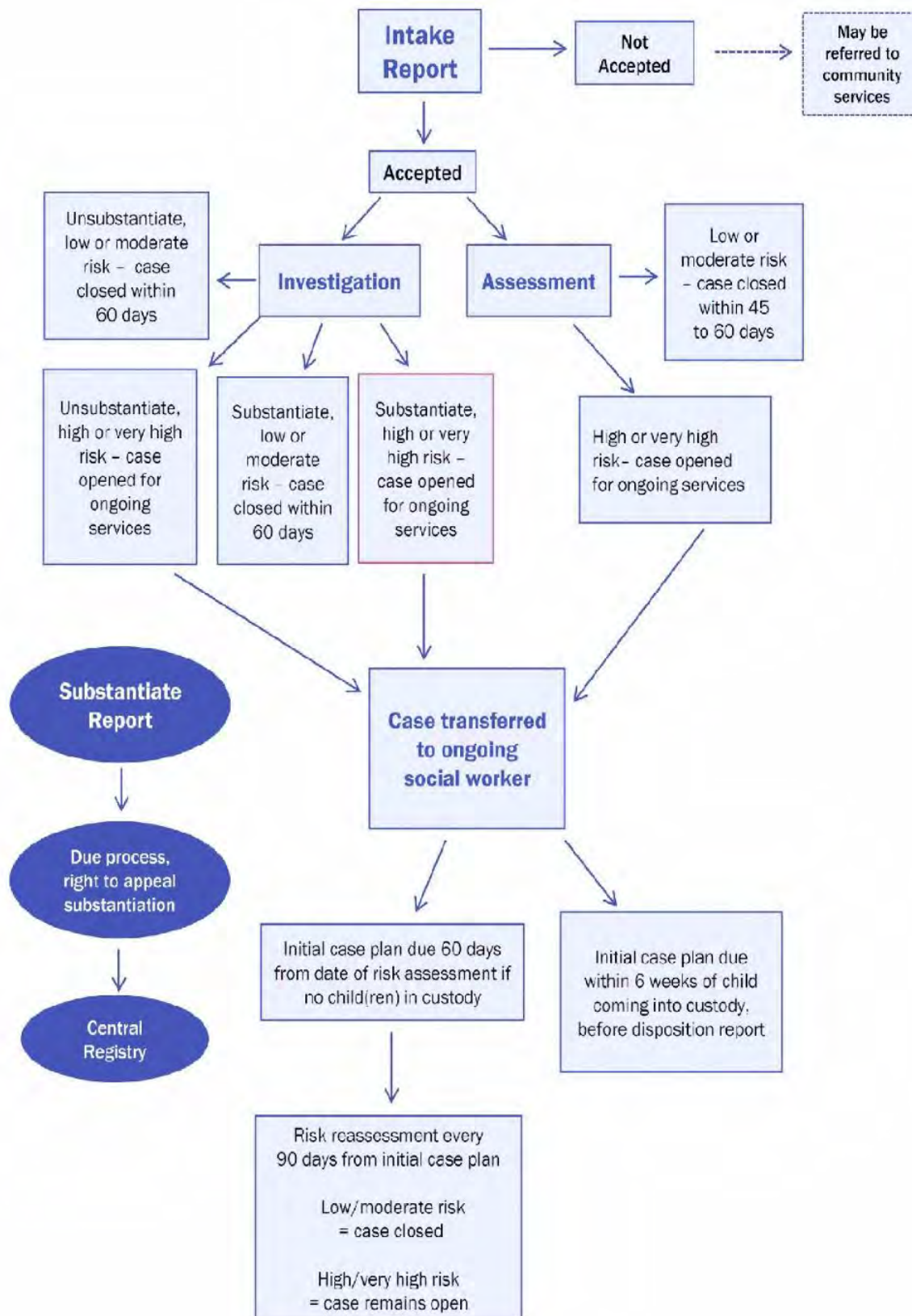
## Appendix B – National Statistics on Domestic and Sexual Violence



Statistics from: <http://www.futureswithoutviolence.org/resources-events/get-the-facts/>,  
<http://www.ncadv.org/learn/statistics>  
<http://www.vtnetwork.org/wp-content/uploads/12-10-2015-VT-Network-annual-report3.pdf>



## Appendix C –Child Abuse Reporting Flow Chart



## Appendix D – Department for Children and Families Report of Suspected Child Abuse and Neglect



**Report Child Abuse:** 1-800-649-5285

**Fax Report To:** (802) 241-3301

### Report of Suspected Child Abuse and Neglect

Child's name:	Child's address:	Birthdate or approximate age:
Was an oral report made to FSD? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who made the report?	When was it made?
Parents or other person responsible for child's care		
Name of Person 1:	Address:	Relationship to child:
Phone number(s):		Birthdate or approximate age:
Name of Person 2:	Address:	Relationship to child:
Phone number(s):		Birthdate or approximate age:
Suspected perpetrator		
Name:	Address:	Relationship to child:
Phone number(s):		Birthdate or approximate age:
Other person with knowledge of the alleged abuse		
Name:	Address:	Phone number(s):
<p>Explain the suspected abuse/neglect, including the nature and extent of the child's injuries; any evidence of previous abuse/neglect to the child or the child's siblings; and other information you believe might help establish the cause of the injuries/reason for the neglect, protect the child, and support the family (<i>use extra sheet if needed</i>):</p>		

Are there any siblings in the family? ☐ Yes ☐ No

If yes, names of the siblings: \_\_\_\_\_

Has the injury or problem been discussed with the family? ☐ Yes ☐ No

Is the family aware you are making this report? ☐ Yes ☐ No

Other information available: ☐ Medical exam ☐ Photographs ☐ Hospital Records ☐ X-Rays

Person(s) making this report	
Name:	Address:
Phone number(s):	
Title or relationship to child:	Agency:
Signature(s):	Date:

**Fax this report to (802) 241-3301 (24 hours a day, 7 days a week).**

Mailing Address: Family Services Child Protection Central Intake, 280 State Drive, Waterbury, VT 05671-1030

For information on mandated reporting, go to: [mandatedreporters.vt.gov](http://mandatedreporters.vt.gov)

## Appendix E – McKinney-Vento Act

2014-15 VERMONT HOMELESS LIAISONS					
Supervisory Union	First Name	Last Name	Telephone	Fax No.	Email
Addison Central S.U.	Susan	English	802-382-1738	(802) 388-0024	<a href="mailto:senglish@addisoncentralsu.org">senglish@addisoncentralsu.org</a>
Addison Northeast S.U.	Catrina	DiNapoli	802-453-3657	(802) 453-2029	<a href="mailto:cdinapoli@anesu.org">cdinapoli@anesu.org</a>
Addison Northwest S.U.	Kara	Griswold	802-877-3332	(802) 877-3628	<a href="mailto:kgriswold@anwsu.org">kgriswold@anwsu.org</a>
Addison Rutland S.U.	Kristin	Benway	802-265-4905	(802) 265-2158	<a href="mailto:kbenway@arsu.org">kbenway@arsu.org</a>
Barre S.U.	John	Pandolfo	802-476-5011	(802) 476-4944	<a href="mailto:jpandbsu@u61.net">jpandbsu@u61.net</a>
Battenkill Valley S.U.	Dawn	Campbell	802-375-1570	(802) 375-1571	<a href="mailto:campbelld@bvsu.org">campbelld@bvsu.org</a>
Bennington Rutland S.U.	Daphne	Tuthill	802-362-2452	(802) 362-2455	<a href="mailto:dtuthill@brsu.org">dtuthill@brsu.org</a>
Blue Mountain USD #21	Julie	Gandin	802-757-2711	(802) 757-3894	<a href="mailto:julie.gandin@bmuschool.org">julie.gandin@bmuschool.org</a>
Burlington School District	Brenda	Trackim	802-864-8456	(802) 864-8501	<a href="mailto:btrackim@bsdvt.org">btrackim@bsdvt.org</a>
Caledonia Central S.U.	Andrea	Wasson	802-684-3801	(802) 684-1190	<a href="mailto:andrea.wasson@ccsuonline.org">andrea.wasson@ccsuonline.org</a>
Caledonia North S.U.	Diane	Janukajtis	802-626-6100 Ext. 215	(802) 626-3423	<a href="mailto:djanukajtis@cnsuschools.org">djanukajtis@cnsuschools.org</a>
Chittenden Central S.U.	Erin	Maguire	802-879-5575	(802) 878-1370	<a href="mailto:emaguire@ccsuvt.org">emaguire@ccsuvt.org</a>
Chittenden East S.U.	Beverly	White	802-434-2128	(802) 234-2196	<a href="mailto:beverly.white@cesuvt.org">beverly.white@cesuvt.org</a>
Chittenden South S.U.	Meagan	Roy	802-383-1217	(802) 383-1242	<a href="mailto:mroy@cssu.org">mroy@cssu.org</a>
Colchester School District	Carrie	Lutz	802-264-5999	(802) 863-4774	<a href="mailto:lutzcc@cstdvt.org">lutzcc@cstdvt.org</a>
Essex Caledonia S.U.	Peggy-Sue	Van Nostrand	802-695-3373	(802) 695-1334	<a href="mailto:pvannostrand@ecsuvt.org">pvannostrand@ecsuvt.org</a>
Essex North S.U.	Chris	Masson	802-266-3330	(802) 266-7085	<a href="mailto:crmasson@canaanschools.org">crmasson@canaanschools.org</a>
Essex Town School District	Jessica	Little	802-878-8168	(802) 878-5190	<a href="mailto:jlittle@etsd.org">jlittle@etsd.org</a>
Franklin Central S.U.	Jesse	Byers	802-524-2600 Ext. 19	(802) 524-1540	<a href="mailto:jbyers@fcsuvt.org">jbyers@fcsuvt.org</a>
Franklin Northeast S.U.	Shirley	Carlson	802-848-7661	(802) 848-3531	<a href="mailto:scarlson@fnesu.net">scarlson@fnesu.net</a>
Franklin Northwest S.U.	Libby	Bonesteel	802-868-4967	(802) 868-4265	<a href="mailto:lbonesteel@fnwsu.org">lbonesteel@fnwsu.org</a>
Franklin West S.U.	Kim	Magnuson	802-370-3113	(802) 370-3115	<a href="mailto:kmagnuson@fwsu.org">kmagnuson@fwsu.org</a>
Grand Isle S.U.	Beth	Hemingway	802-372-6921	(802) 372-4898	<a href="mailto:bethemi@gisu.org">bethemi@gisu.org</a>
Hartford School District	Cathy	Newton	802-295-8600	(802) 295-8602	<a href="mailto:newtonc@hartfordschools.net">newtonc@hartfordschools.net</a>
Lamoille North S.U.	Catherine	Gallagher	802-851-1171	(802) 888-7908	<a href="mailto:cgallagher@lnsu.org">cgallagher@lnsu.org</a>
Lamoille South S.U.	Linda	Berger	802-888-4541	(802) 888-7908	<a href="mailto:linda.berger@lssuvt.org">linda.berger@lssuvt.org</a>
Milton Town School District	John	Barone	802-893-3210	(802) 893-3213	<a href="mailto:jbarone@mtsd-vt.org">jbarone@mtsd-vt.org</a>
Montpelier School District	Michael	Martin	802-225-8684	(802) 223-9795	<a href="mailto:mikem@mpsvt.org">mikem@mpsvt.org</a>
North Country SU	Kathleen	Nolan	802-334-5847	(802) 334-6528	<a href="mailto:kathy.nolan@ncsuvt.org">kathy.nolan@ncsuvt.org</a>
Norwich School District	Daniela	Ligett	802-649-1703	(802) 649-3640	<a href="mailto:daniela.ligett@marioncross.org">daniela.ligett@marioncross.org</a>
Orange East S.U.	Alison	Kidder	802-222-5216	(802) 222-4451	<a href="mailto:akidder@oesu.org">akidder@oesu.org</a>
Orange North S.U.	Ed	Nasta	802-433-5818	(802) 433-5825	<a href="mailto:enasta@onsu.org">enasta@onsu.org</a>

Supervisory Union	First Name	Last Name	Telephone	Fax No.	Email
Orange Southwest S.U.	Carolynn	Parker	802-728-3397	(802) 728-6703	<a href="mailto:cparker@mail.ruhs.k12.vt.us">cparker@mail.ruhs.k12.vt.us</a>
Orange Windsor S.U.	Cynthia	Powers	802-763-7775	(802) 763-3235	<a href="mailto:cpowers@owsu.k12.vt.us">cpowers@owsu.k12.vt.us</a>
Orleans Central S.U.	Kathy	Poginy	802-525-1204	(802) 525-1276	<a href="mailto:kpoginy@ocsu.org">kpoginy@ocsu.org</a>
Orleans Southwest S.U.	Heather	Freeman	802-472-6063	(802) 472-6250	<a href="mailto:hfreeman@ossu.org">hfreeman@ossu.org</a>
Rivendell Interstate School District	Cynthia	McLaren	603-353-4321	(603) 353-4226	<a href="mailto:cmclaren@rivendellschool.org">cmclaren@rivendellschool.org</a>
Rutland Central S.U.	Christine	Kamm	802-775-4342	(802) 775-7319	<a href="mailto:christine.kamm@rcsu.org">christine.kamm@rcsu.org</a>
Rutland City School District	Rob	Bliss	802-773-1900	(802) 773-1927	<a href="mailto:rbliss@rutlandhs.k12.vt.us">rbliss@rutlandhs.k12.vt.us</a>
Rutland Northeast S.U.	John	Castle	802-247-5757	(802) 247-5548	<a href="mailto:jcastle@mesu.org">jcastle@mesu.org</a>
Rutland South S.U.	Carol	Geery	802-775-3264 Ext. 206	(802) 775-8063	<a href="mailto:cgeery@rssu.org">cgeery@rssu.org</a>
Rutland Southwest S.U.	Kathy	Buck	802-287-5286	(802) 287-5286	<a href="mailto:kathleen.buck@rswsu.org">kathleen.buck@rswsu.org</a>
South Burlington School District	Joanne	Godek	802-652-7392	(802) 652-7257	<a href="mailto:jgodek@sbschools.net">jgodek@sbschools.net</a>
Southwest Vermont S.U.	Paul	DeMarco	802-447-7501	(802) 447-0475	<a href="mailto:paul.demarco@svsu.org">paul.demarco@svsu.org</a>
Springfield School District	David	Cohn	802-885-5141	(802) 885-8169	<a href="mailto:dcohn@ssdvt.org">dcohn@ssdvt.org</a>
St. Johnsbury School District	Deborah	Sanders-Dame	802-748-4744	(802) 748-2542	<a href="mailto:dsanders-dame@stjisd.org">dsanders-dame@stjisd.org</a>
Two Rivers S.U.	Mary	Barton	802-875-6428	(802) 875-6438	<a href="mailto:mary.barton@trsu.org">mary.barton@trsu.org</a>
Washington Central S.U.	William	Kimball	802-229-0553	(802) 229-2761	<a href="mailto:bkimball@u32.org">bkimball@u32.org</a>
Washington Northeast S.U.	Laurence	Carnahan	802-454-9924	(802) 454-9934	<a href="mailto:lcarnahan@washnesu.org">lcarnahan@washnesu.org</a>
Washington South S.U.	Karoline	May	802-485-7755	(802) 485-3348	<a href="mailto:mayk@wssu.org">mayk@wssu.org</a>
Washington West S.U.	Donarae	Dawson	802-496-2272	(802) 496-6515	<a href="mailto:ddawson@wwsu.org">ddawson@wwsu.org</a>
Windham Central S.U.	Samantha	Bovat	802-365-9510	(802) 365-7934	<a href="mailto:sbovat@windhamcentral.org">sbovat@windhamcentral.org</a>
Windham Northeast S.U.	Carl	Chambers	802-463-9958	(802) 463-9705	<a href="mailto:carl.chambers@wnesu.com">carl.chambers@wnesu.com</a>
Windham Southeast S.U.	Lucille	Messina	802-451-9821	(802) 254-3733	<a href="mailto:lumess228@gmail.com">lumess228@gmail.com</a>
Windham Southwest S.U.	Richard	McClements	802-464-1300	(802) 464-1303	<a href="mailto:rmcclements@wes-tvms.org">rmcclements@wes-tvms.org</a>
Windsor Central S.U.	Sherry	Sousa	802-457-1213	(802) 457-2989	<a href="mailto:ssousa@wcsu.net">ssousa@wcsu.net</a>
Windsor Northwest S.U.	Warren	Uzzle	802-234-0264	(802) 234-0261	<a href="mailto:wuzzle@wnwsu.org">wuzzle@wnwsu.org</a>
Windsor Southeast S.U.	Karen	Woolsey	802-674-2144	(802) 674-6357	<a href="mailto:kwoolsey@wsesu.net">kwoolsey@wsesu.net</a>
Winooski School District	Robin	Hood	802-383-6085	(802) 655-7602	<a href="mailto:rhood@wsdschools.org">rhood@wsdschools.org</a>



## Appendix F – Network Program Map



<http://www.vtnetwork.org/wp-content/uploads/VT-Network-Programs-Map.pdf>



## Vermont Network Member Programs

### **Advocacy Program at Umbrella** 🏠

**Caledonia, Orleans, & Essex Counties**  
St. J. Hotline: 802/748.8645  
Newport Hotline: 802/334.0148  
St. J. Office: 802/748.8645  
Newport Office: 802/334.0148  
[www.umbrellanek.org](http://www.umbrellanek.org)

### **AWARE, Inc.**

**Caledonia, Wash., & Orleans Counties (of Hardwick area)**  
Hotline: 802/472.6463  
Office: 802/472.6463  
[www.awarevt.org](http://www.awarevt.org)

### **Circle** 🏠

**Washington County**  
Hotline: 1.877.543.9498  
Office: 802/476.6010  
[www.circlevt.org](http://www.circlevt.org)

### **Clarina Howard Nichols Center** 🏠

**Lamoille County**  
Hotline: 802/888.5256  
Office: 802/888.2584  
[www.clarina.org](http://www.clarina.org)

### **H.O.P.E. Works**

**Chittenden County**  
Hotline: 802/863.1236  
Office: 802/864.0555  
[www.hopeworksvt.org](http://www.hopeworksvt.org)

### **PAVE** 🏠

**Bennington County**  
Hotline: 802/442.2111  
Office: 802/442.2370  
[www.pavebennington.org](http://www.pavebennington.org)

### **Rutland County Women's Network and Shelter** 🏠

**Rutland County**  
Hotline: 802/775.3232  
Office: 802/775.3232  
[www.rcwn.org](http://www.rcwn.org)

### **Safeline, Inc.**

**Orange County & Northern Windsor County**  
Hotline: 1.800.639.7233  
Office: 802/685.7900  
[www.safelinevt.org](http://www.safelinevt.org)

### **Sexual Assault Crisis Team** 🏠

**Washington County**  
Hotline: 802/479.5577  
Office: 802/476.1388  
<http://sactvt.org>

### **Voices Against Violence** 🏠

**Franklin & Grand Isle Counties**  
Hotline: 802/524.6575  
Office: 802/524.8538  
[www.voicesagainstv.org](http://www.voicesagainstv.org)

### **WISE** 🏠

**Central Windsor County & towns of Thetford & Fairlee**  
Crisis line: 603/448.5525 or toll-free 1.866.348.WISE  
Office: 603/448.5922  
[www.WISEuv.org](http://www.WISEuv.org)

### **Women's Freedom Center** 🏠

**Windham County & Southern Windsor County**  
Brattleboro Hotline: 802/254.6954 or 1.800.773.0689  
Springfield Hotline: 802/885.2050  
Brattleboro Office: 802/257.7364  
Springfield Office: 902/885.2368  
<http://womensfreedomcenter.net>

### **Women Helping Battered Women** 🏠

**Chittenden County**  
Hotline: 802/658.1996  
Office: 802/658.3131  
[www.whbw.org](http://www.whbw.org)

### **WomenSafe**

Addison County & the town of Rochester  
Hotline: 802/388.4205 or 1.800.388.4205  
Office: 802/388.9180  
[www.womensafe.net](http://www.womensafe.net)

🏠 Program with shelter

## Services of the Vermont Network's Member Programs

**Private Help:** Network member programs will not share any information about you unless you allow them to.\*

**Hotlines:** Each Network member program has a free hotline 24 hours a day, every day.

**Help To Meet Basic Needs:** Staff help people learn about resources to meet their basic needs.

**Legal Help:** Staff give information about legal issues and go with victims to court.

**Help at the Hospital:** Staff can meet people at the hospital after a sexual or physical assault.

**Shelter:** Staff help victims find short-term shelter.

\*Some staff are "mandated reporters". This means they must report to the state if they believe a child has been abused or neglected. You can ask to speak to someone who is not a "mandated reporter." You can also speak to someone on the hotline without giving your name.

## Other Programs That Serve Victims Of Domestic And Sexual Violence

### **Deaf Vermonters Advocacy Services**

Videophone & Hearing: 802/661.4091

### **SafeSpace – LGBTQ Community**

802/863.0003 or 1.866.869.7341

VERMONT STATEWIDE HOTLINES: Sexual Violence: 1.800.489.7273 / Domestic Violence 1.800.228.7395  
NATIONAL HOTLINES: Domestic Violence: 1.800.799.SAFE / Sexual Violence: 1.800.656.HOPE

## Appendix G – Department for Children and Families District Offices

District offices are open during regular business hours — 7:45AM to 4:30PM, Monday through Friday.

### **Barre District Office - (802) 479-4260**

219 North Main Street, Suite 201, Barre, VT 05641-4189

Adamant | Barre City | Barre Town | Berlin | Braintree | Brookfield | Cabot | Calais | Colbyville | Duxbury | East Granville | E & N Montpelier | Fairmont | Fayston | Foxville | Graniteville | Kents Corner | Lanesboro | Maple Corner | Marshfield | Middlesex | Montpelier | Moretown | Northfield | Orange | Plainfield | Putnamville | Riverton | Roxbury | Waitsfield | Warren | Washington | Waterbury | Websterville | Williamstown | Worcester

### **Bennington District Office - (802) 442-8138**

Suite 14, 200 Veterans Memorial Drive, Bennington, VT 05201-1956

Arlington | Bennington | Bondville | Dorset | Glastenbury | Hartwellville | Landgrove | Manchester | Peru | Pownal | Readsboro | Rupert | Sandgate | Searsburg | Shaftsbury | Stamford | Sunderland | Winhall | Woodford

### **Brattleboro District Office - (802) 257-2888**

232 Main Street, 2nd Floor, Brattleboro, VT 05301

Athens | Bellows Falls | Brattleboro | Brookline | Cambridgeport | Central Park | Dover | Dummerston | Grafton | Guilford | Halifax | Jacksonville | Jamaica | Londonderry | Marlboro | Newfane | Putney | Rawsonville | Rockingham | Saxtons River | Somerset | Stratton | Townshend | Vernon | Wardsboro | Westminster | Whitingham | Williamsville | Wilmington | Windham |

### **Burlington District Office - (802) 863-7370**

426 Industrial Ave. Ste. 130, Williston, Vermont 05495

Bolton | Brookside | Burlington | Cedar Beach | Charlotte | Checkerberry | Colchester | Essex | Essex Jct. | Ft. Ethan Allen | Hanksville | Hinesburg | Huntington | Jericho | Jonesville | Milton | Queen City Park | Richmond | Riverside | Shelburne | South Burlington | St. George | Thompson Point | Underhill | Westford | Williston | Winooski

### **Hartford District Office - (802) 295-8840**

118 Prospect Street, Suite #400, White River Junction, VT 05001

Barnard | Bethel | Bradford | Bridgewater | Briggs | Chelsea | Cookville | Corinth | Dewey Mills | East Corinth | Ely | Evarts | Fairlee | Gaysville | Gilead | Goose Green | Hartford | Hartland | Lewiston | Lympus | Norwich | Pomfret | Pompanoosac | Post Mills | Prosper | Quechee | Randolph | Robinson | Rochester | Royalton | Sharon | Stockbridge | Strafford | Taftsville | Talcville | Thetford | Tunbridge | Union Village | Vershire | West Fairlee | White River Jct. | Wilder | Woodstock



**Middlebury District Office - (802) 388-4660**

156 South Village Green, Suite 202, Middlebury, VT 05753-1105

Addison | Barnumtown | Basin Harbor | Beldens | Bread Loaf | Bridport | Bristol | Buel's Gore | Chimney Point | Cornwall | Fernville | Ferrisburg | Goshen | Granville | Hancock | Lake Dunmore | Larabee Point | Leicester | Lincoln | Middlebury | Monkton | New Haven | Orwell | Panton | Ripton | Salisbury | Shoreham | Starksboro | Vergennes | Waltham | Weybridge | Whiting

**Morrisville District Office - (802) 888-4576**

63 Professional Drive, Suite 3, Morrisville, VT 05661-8522

Belvidere | Cady Falls | Cambridge | Centerville | Craftsbury | Eden | Elmore | Greensboro | Hardwick | Hyde Park | Jeffersonville | Johnson | Lake Elmore | Morristown | Morrisville | Moscow | Mt. Mansfield | Pleasant Valley | Stannard | Stowe | Waterville | Wolcott | Woodbury

**Newport District Office - (802) 334-6723**

Suite 230, 100 Main Street, Newport, VT 05855-4898

Albany | Averill | Avery's Gore | Barton | Beebe Plain | Beecher Falls | Bloomfield | Brighton | Brownington | Brunswick | Canaan | Charleston | Coventry | Derby | Evansville | Ferdinand | Glover | Holland | Irasburg | Island Pond | Jay | Kimball | Lemington | Lewis | Lowell | Maidstone | Morgan | Newport City | Newport | Norton | Orleans | Tice | Troy | Warren's Gore | Westfield | Westmore

**Rutland District Office - (802) 786-5817**

88 Merchants Row, 220 Asa Bloomer Bldg., Rutland, VT 05701-3449

Alfrecha | Belmont | Benson | Blissville | Bomoseen | Brandon | Castleton | Chippenhook | Chittenden | Clarendon | Cold River | Cuttingsville | Danby | Fair Haven | Florence | Forest Dale | Healdville | Holden | Hortonville | Howtonville | Hubbardton | Hydeville | Ira | Killington | Lake St. Catherine | Mechanicsville | Mendon | Middleton Springs | Mount Holly | Mount Tabor | Pawlet | Pittsfield | Pittsford | Poultney | Proctor | Rutland | Rutland Town | Sherburne | Shrewsbury | Sudbury | Tarbellville | Tinmouth | Wallingford | Wells | West Haven | West Rutland

**Springfield District Office - (802) 885-8900**

100 Mineral Street, Suite 101, Springfield, VT 05156-3166

Amsden | Andover | Ascutney | Baltimore | Bartonsville | Brockway Mills | Brownsville | Cavendish | Chester | Downers | Felchville | Gassetts | Houghtonville | Ludlow | Perkinsville | Plymouth | Proctorsville | Reading | Simonville | Springfield | Tyson | Weathersfield | West Windsor | Weston | Windsor

**St. Albans District Office - (802) 527-7741**

27 Federal Street, Suite 300, St. Albans, VT 05478-2247

Albarg | Bakersfield | Berkshire | Binghamville | Boedonville | Bordoville | Enosburg | Fairfax | Fairfield | Fisk | Fletcher | Franklin | Georgia | Gordon Lodge | Grand Isle | Greens Corner | Highgate | Isle La Motte | Missisquoi | Montgomery | Morris Line | North Hero | Oakland | Richford | St. Albans | St. Albans Town | Sheldon | South Hero | Stevens Mills | Swanton

**St. Johnsbury District Office - (802) 748-8374**

67 Eastern Avenue, Suite 4, St. Johnsbury, VT 05819-5603

Barnet | Boltonville | Burke | Concord | Conicut | Danville | East Haven | Ewells Mills | Fitzdale | Gallup Mills | Gilman | Granby | Groton | Guildhall | Harvey | Inwood | Kirby | Lakeside | Lunenburg | Lyndon | Lyndonville | McIndoe Falls | Miles Pond | Mosquitoville | Newark | Newbury | Passumpsic | Peacham | Ricker | Ricker Mills | Ryegate | St. Johnsbury | Sheffield | Sutton | Topsham | Victory | Waits River | Walden | Waterford | Wells River | West Thompson | Wheelock

## Appendix H – Department for Children and Families District Contact Information

<b>OFFICE ADDRESS</b>	<b>TEL / FAX</b>	<b>DIR/FIELD. DIR</b>
<b>CENTRALIZED INTAKE &amp; EMERGENCY SERVICES (CIES) 24/7 Reporting</b> 280 State Street Waterbury, VT 05671	(802) 241-6404 or 241-6408  1-800-649-5285  FAX: (802) 241-3301	<b>Dianne Jabar</b>
<b>BARRE DISTRICT OFFICE</b>  219 North Main Street, Suite 201 Barre, VT 05641-4189	<b>MDO</b>  (802) 479-4260 FAX: 476-1660	<b>Catherine Harris</b>
<b>BENNINGTON DISTRICT OFFICE</b>  200 Veterans Memorial Drive, Suite 14 Bennington, VT 05201	<b>TDO</b>  (802) 442-8138 FAX: 447-2808	<b>Beth Sausville</b>
<b>BRATTLEBORO DISTRICT OFFICE</b>  232 Main Street, 2 <sup>nd</sup> Floor Brattleboro, VT 05301	<b>LDO</b>  (802) 257-2888 FAX: 254-6341	<b>Susan O'Brien</b>
<b>BURLINGTON DISTRICT OFFICE</b>  White Cap Business Park 426 Industrial Ave. Suite 130 Williston, VT 05495	<b>BDO</b>  (802) 863-7370 FAX: 863-7516 FAX (Intake): 951-0088	<b>Marc Carr</b>  <b>Asst. Dir-Anita Thomason</b>
<b>HARTFORD DISTRICT OFFICE</b>  118 Prospect St. Suite 400 White River Jct., VT 05001	<b>HDO</b>  (802) 295-8840 FAX: 295-4101	<b>Linda James</b>
<b>MIDDLEBURY DISTRICT OFFICE</b>	<b>YDO</b>	<b>Andrea Grimm</b>

156 South Village Green Suite 202 Middlebury, VT 05753-1105	(802) 388-4660 FAX: 388-4665	
<b>MORRISVILLE DISTRICT OFFICE</b>  63 Professional Drive Morrisville, VT 05661	<b>VDO</b>  (802) 888-4576 FAX: 888-1343	<b>Deborah Caruso</b>
<b>NEWPORT DISTRICT OFFICE</b>  100 Main Street, Suite 230 Newport, VT 05855	<b>NDO</b>  (802) 334-6723 FAX: 334-3371	<b>Patrick Ryan</b>
<b>RUTLAND DISTRICT OFFICE</b>  220 Asa Bloomer Bldg., 88 Merchants Row Rutland, VT 05701	<b>RDO</b>  (802) 786-5817 FAX: 786-8827	<b>Jennifer Burkey, Director</b>
<b>ST. ALBANS DISTRICT OFFICE</b>  27 Federal St., Suite 300 St. Albans, VT 05478-2247	<b>ADO</b>  (802) 527-7741 FAX: 527-5404	<b>Director- Alix Gibson, Assist Director-Jennifer Harris</b>
<b>ST. JOHNSBURY DISTRICT OFFICE</b>  67 Eastern Ave, Suite 4 St. Johnsbury, VT 05819	<b>JDO</b>  (802) 748-8374 FAX: 751-3203	<b>Emily Carrier</b>
<b>SPRINGFIELD DISTRICT OFFICE</b>  100 Mineral Street, Suite 101 Springfield, VT 05156-3166	<b>SDO</b>  (802) 885-8900 FAX: 885-8921	<b>Jo Bania</b>

## Appendix I – Department for Children and Families Domestic Violence Unit Contact Information

- Provides case consultation, technical assistance, and problem solving related to the overlap of domestic violence and child abuse issues.
- Assists in the identification of domestic violence within child abuse cases, the assessment of the safety of child and adult victims, development of interventions that increase safety and support to adult and child victims, and hold offenders accountable.
- Provides advocacy and support services to adult and child victims of domestic violence.
- Designs strategies for offender accountability.
- Identifies service gaps and related areas for resource development.
- Provides case specific recommendations, ongoing consultation, and follow-up as needed.

**How to contact us:** Many of the cases referred to the Domestic Violence Unit come from local community agencies and programs. Domestic violence program advocates, sexual assault program advocates, community service providers, service users, and others interested in accessing assistance related to domestic violence and child abuse may contact the Domestic Violence Unit.

**Contact information:** The unit is comprised of a Director, and four Domestic Violence Specialists. Each Domestic Violence Specialist is based in one office in an assigned region and covers additional district offices. The Director covers the remaining areas of the state. DV Unit staff members are available by phone or email during regular state office business hours (7:45 AM-4:30 PM)

**Domestic Violence Specialist: Sanda Micic**

Regions Covered: Barre, St. Albans and Middlebury Districts.

Email: [sanda.micic@vermont.gov](mailto:sanda.micic@vermont.gov) Phone (802) 479-7551, cell (802)-585-0206

**Domestic Violence Specialist: Samantha Zellinger**

Regions Covered: St. Johnsbury, Newport, Hartford & Springfield Districts.

Email : [samantha.zellinger@vermont.gov](mailto:samantha.zellinger@vermont.gov) Phone (802) 751-2637, cell (802)-585-5931

**Domestic Violence Specialist: Sharon Norton**

Regions Covered: Rutland, Bennington and Brattleboro Districts.

Email: [sharon.norton@vermont.gov](mailto:sharon.norton@vermont.gov) 802-786-5180, cell (802)-338-2455

**Domestic Violence Specialist: Julie Ryley**

Regions Covered: Morrisville and Burlington Districts.

Email: [julie.ryley@vermont.gov](mailto:julie.ryley@vermont.gov) Phone (802)-888-1371 cell (802)-760-0878

**Domestic Violence Unit Director: Ellie Breitmaier**

Email: [ellie.breitmaier@vermont.gov](mailto:ellie.breitmaier@vermont.gov) Phone (802) 769-6314, cell (802)-793-4767

[http://dcf.vermont.gov/domestic\\_violence](http://dcf.vermont.gov/domestic_violence)

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